

DOCUMENT RESUME

ED 429 718

PS 027 542

TITLE Measures for the Final Common Core of Constructs. The Project on State-Level Child Outcomes.

INSTITUTION Child Trends, Inc., Washington, DC.

SPONS AGENCY Administration for Children and Families (DHHS), Washington, DC.; Department of Agriculture, Washington, DC.; National Inst. of Child Health and Human Development (NIH), Bethesda, MD.; Centers for Disease Control and Prevention (DHHS/PHS), Atlanta, GA.; Annie E. Casey Foundation, Baltimore, MD.; Edna McConnell Clark Foundation, New York, NY.; George Gund Foundation, Cleveland, OH.; Smith Richardson Foundation, Inc., Greensboro, NC.

PUB DATE 1997-05-09

NOTE 157p.; Paper prepared for the Second National Level Meeting of the Planning Phase.

PUB TYPE Reports - Descriptive (141) -- Tests/Questionnaires (160)

EDRS PRICE MF01/PC07 Plus Postage.

DESCRIPTORS Adjustment (to Environment); Child Health; Child Rearing; *Child Welfare; *Children; Day Care; Depression (Psychology); Early Childhood Education; Economic Factors; Family Environment; Interviews; *Measurement Techniques; Parent Child Relationship; Questionnaires; Research Methodology; Well Being

IDENTIFIERS *Outcome Oriented Evaluation

ABSTRACT

The Project on State-Level Child Outcomes, a federal project designed to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. This document provides measures for the common core of constructs that state representatives developed at the second national-level meeting of the Project's planning phase. A table delineates measures for the core constructs in the areas of: (1) target of welfare policies, income, employment, and family formation; (2) other variables likely to be affected by state policies, including psychological well-being, stability and turbulence, absent parent involvement, use of health and human services, and consumption; (3) aspects of the child's environment likely to be affected by previous variables, such as child care and home environment and parenting practices; and (4) child outcomes related to education, health and safety, and social and emotional adjustment. The remainder of the document consists of proposed survey questionnaires and other measures for each core construct. (KB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to
improve reproduction quality.

• Points of view or opinions stated in this
document do not necessarily represent
official OERI position or policy.

THE PROJECT ON STATE-LEVEL CHILD OUTCOMES

Measures for the Final Common Core of Constructs

Prepared for the Second National Level Meeting of the
Planning Phase

May 9, 1997

Prepared by
Child Trends, Inc.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

Carol A.
Emig

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

1

BEST COPY AVAILABLE

2

PS 027542

Project Overview: *The U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and Office of the Assistant Secretary for Planning and Evaluation (ASPE) are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. ACF is providing grants to states instituting welfare reform demonstrations to augment their demonstration evaluations with measures of child outcomes and also to expand their data capability to track state-level indicators of child well-being on an ongoing basis. Under funding from ASPE and the other federal contributors and private foundations, the states are receiving technical support on these activities from leading researchers who are members of the NICHD Family and Child Well-Being Research Network. The Network's technical support effort is led by Child Trends, Inc.*

The project has two phases. The first phase is a one-year planning and design phase which began October 1, 1996. The second phase will be an implementation phase for data collection, analysis, and reporting activities that will begin in the fall of 1997. Twelve states participated in the first phase: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia.

This document provides measures for the common core of constructs that the state representatives developed at the second national-level meeting of the planning phase of the Project on State-Level Child Outcomes.

The project is sponsored by ACF and ASPE. Additional federal funding to support this project has been provided by the *U.S. Department of Agriculture*, the *National Institute of Child Health and Human Development (NICHD)*, and the *Centers for Disease Control*. Several private foundations have contributed funding to support the organization of national level meetings, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the *Annie E. Casey Foundation*, the *Edna McConnell Clark Foundation*, the *George Gund Foundation*, and the *Smith Richardson Foundation*.

The following individuals have been involved in multiple aspects of this project:

Administration for Children and Families

Howard Rolston
Alan Yaffe

Office of the Assistant Secretary for Planning and Evaluation

Martha Moorehouse
Ann Segal

Child Trends, Inc.

Christopher Botsko
Brett Brown
M. Robin Dion
Tawanda Greer
Chisina Kapungu
Sharon McGroder
Suzanne Miller
Kristin Moore
Erin Oldham
Martha Zaslow

NICHD Family and Child Well-Being Research Network

Jeanne Brooks-Gunn
Natasha Cabrera
Greg Duncan
V. Jeffrey Evans
Kristin Moore

National Center for Children in Poverty

Lawrence Aber
Barbara Blum

Core Constructs (4/8/97)

TARGET OF WELFARE POLICIES	OTHER VARIABLES LIKELY TO BE AFFECTED BY STATE POLICIES	ASPECT OF CHILD'S ENVIRONMENT LIKELY TO BE AFFECTED BY PREVIOUS COLUMNS	CHILD OUTCOMES
<u>INCOME:</u> Total income Sources of Income (mother's earnings, father's earnings, child support, AFDC, food stamps, SSI, Foster Care/Adoption) Stability of Income Financial Strain/Material hardship <u>EMPLOYMENT:</u> Any vs. None Health benefits through employment Wages (hourly) Hours of employment Stability of employment Education/Licenses Job Skills (Hard) Multiple jobs concurrently <i>Barriers to Employment (harassment, violence)</i> <u>FAMILY FORMATION:</u> Nonmarital birth/Marital birth Child/Family living arrangements Marital Status, whether married to biological or non-biological father	<u>PSYCHOLOGICAL WELL-BEING:</u> Depression <u>STABILITY AND TURBULENCE:</u> Foster care Stability in child care Stability in income # of moves of residence Change in marital status or cohabitation Why child not living with family <u>ABSENT PARENT INVOLVEMENT:</u> Whether child support provided Paternity establishment Frequency of contact with child <u>USE OF HEALTH & HUMAN SERVICES:</u> Food stamps Medicaid (awareness, use, eligibility) Child care subsidy (awareness, use, eligibility) Access to medical care <u>CONSUMPTION:</u> % of income spent on child care and rent	<u>CHILD CARE:</u> Type Extent Quality (group size, ratio, licensing, parent perception) Stability <i>Child Care Calendar for last several years</i> <u>HOME ENVIRONMENT AND PARENTING PRACTICES:</u> Child Abuse/neglect (Admin. Data) Domestic Violence/Abusive Relationships Family Routines Aggravation/stress in parenting <i>HOME (Emotional Support and Cognitive Stimulation Scales)</i>	<u>EDUCATION:</u> Engagement in school (ages 6-12) School attendance (All Child) School Performance (All Child) Suspended/expelled (All Child) Grades (ages 6-12) <u>HEALTH AND SAFETY:</u> Hunger/nutrition (ages 5-12) Rating of child's health (ages 5-12) Regular source of care (ages 5-12) Teen Childbearing (ages 14-17) (All Child) Accidents and injuries (All Child) <u>SOCIAL & EMOTIONAL ADJUSTMENT:</u> Behavior problems Index (ages 5-12) Arrests (All Child) Positive Behaviors/Social Competence Scale (ages 5-12)

TABLE OF CONTENTS

CORE CONSTRUCTS (4/8/97)	4
INCOME	5
EMPLOYMENT	55
FAMILY FORMATION	75
PSYCHOLOGICAL WELL-BEING	78
ABSENT PARENT INVOLVEMENT	81
STABILITY/TURBULENCE	90
CONSUMPTION	96
USE OF HEALTH AND HUMAN SERVICES	100
CHILD CARE	105
HOME ENVIRONMENT AND PARENTING PRACTICES	119
EDUCATION	137
HEALTH AND SAFETY	144
SOCIAL AND EMOTIONAL ADJUSTMENT	148

Project Overview: *The U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and Office of the Assistant Secretary for Planning and Evaluation (ASPE) are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. ACF is providing grants to states instituting welfare reform demonstrations to augment their demonstration evaluations with measures of child outcomes and also to expand their data capability to track state-level indicators of child well-being on an ongoing basis. Under funding from ASPE and the other federal contributors and private foundations, the states are receiving technical support on these activities from leading researchers who are members of the NICHD Family and Child Well-Being Research Network. The Network's technical support effort is led by Child Trends, Inc.*

The project has two phases. The first phase is a one-year planning and design phase which began October 1, 1996. The second phase will be an implementation phase for data collection, analysis, and reporting activities that will begin in the fall of 1997. Twelve states participated in the first phase: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia.

This document provides measures for the common core of constructs selected at the second national-level meeting of the planning phase of the Project on State-Level Child Outcomes.

The project is sponsored by ACF and ASPE. Additional federal funding to support this project has been provided by the *U.S. Department of Agriculture*, the *National Institute of Child Health and Human Development (NICHD)*, and the *Centers for Disease Control*. Several private foundations have contributed funding to support the organization of national level meetings, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the *Annie E. Casey Foundation*, the *Edna McConnell Clark Foundation*, the *George Gund Foundation*, and the *Smith Richardson Foundation*.

The following individuals have been involved in multiple aspects of this project:

Administration for Children and Families

Howard Rolston
Alan Yaffe

Office of the Assistant Secretary for Planning and Evaluation

Martha Moorehouse
Ann Segal

Child Trends, Inc.

Christopher Botsko
Brett Brown
M. Robin Dion
Tawanda Greer
Chisina Kapungu
Sharon McGroder
Suzanne Miller
Kristin Moore
Erin Oldham
Martha Zaslow

NICHD Family and Child Well-Being Research Network

Jeanne Brooks-Gunn
Natasha Cabrera
Greg Duncan
V. Jeffrey Evans
Kristin Moore

National Center for Children in Poverty

Lawrence Aber
Barbara Blum

INCOME

MARCH 1996 CPS

TOTAL INCOME:

I am going to read a list of income categories. Which category represents the total combined income of all members of this FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years of age or older.

- | | |
|----------------------|----------------------|
| 1. Less than \$5,000 | 8. 25,000 to 29,999 |
| 2. 5,000 to 7,499 | 9. 30,000 to 34,999 |
| 3. 7,500 to 9,999 | 10. 35,000 to 39,999 |
| 4. 10,000 to 12,499 | 11. 40,000 to 49,999 |
| 5. 12,500 to 14,999 | 12. 50,000 to 59,999 |
| 6. 15,000 to 19,999 | 13. 60,000 to 74,999 |
| 7. 20,000 to 24,999 | 14. \$75,000 or more |

SOURCES OF INCOME: EARNINGS

****WORDING OF INTRODUCTION IS OPTIONAL****

We have just completed the questions about employment and unemployment. Each March, the Census Bureau also collects information about the economic situation of Americans and their families for the previous year.

I am going to ask these questions now. We don't expect all answers to be perfect, but please think about each question and answer it the best you can.

Q29a Did (name/you) work at a job or business at any time during 1995?

1. Yes
2. No

Q48a How much did (name/you) earn from this employer before taxes and other deductions during 1995?

Enter dollar amount \$ _____

READ IF NECESSARY: Is this a weekly, every other week, twice a month, monthly or yearly amount?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly

Q48ap

Q48a1 For how many (weekly/every other week/twice a month/monthly) pay periods did (name/you) earn (fill from Q48a) from this employer in 1995?

Q48aC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL ANNUAL EARNINGS ENTERED IS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q48aV According to my calculations (name/you) earned (total) dollars altogether from this employer in 1995 before deductions. Does that sound about right?

1. Yes
2. No

Q48a2 What is your best estimate of (name's/your) correct total amount of earnings from this employer during 1995 before deductions?

Enter dollar amount \$ _____

Q48a3 Does this amount include all tips, bonuses, overtime pay or commissions (name/you) may have received from this employer in 1995?

1. Yes
2. No

Q48aad How much did (name/you) earn in tips, bonuses, overtime pay or commissions from this employer in 1995?

Enter dollar amount \$ _____

Q48b What were (name's/your) net earnings from this (business/farm) after expenses during 1995?

IF RESPONSE IS "NONE" OR "BROKE EVEN" THEN ENTER 1.

Lost Money

Enter dollar amount \$ _____

Q48BL ENTER AMOUNT OF MONEY LOST IN 1995.

\$____.____.00

Q48bp Is this an annual, quarterly, monthly, weekly, or other amount?

1. Annual
2. Quarterly
3. Monthly
4. Weekly
5. Other

Q48bp

Q48b1 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL ANNUAL BUSINESS INCOME ENTERED IS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No goto 48b (TO CORRECT ENTRY)

Q48b2 What is your best estimate of (name's/your) ANNUAL net earnings from this business/farm after expenses in 1995?

PREVIOUS ENTRIES: Q48b: (amount)

Q48b1: (periodicity)

Enter dollar amount \$ _____

Q48b2L What is your best estimate of (name's/your) ANNUAL net LOSS from this business/farm after expenses in 1995?-

PREVIOUS ENTRIES: Q48b: (amount)

Q48b1: (periodicity)

Enter dollar amount \$ _____

Q48b3 What were (name's/your) net earnings from this (business/farm) during the FIRST quarter of 1995?

IF RESPONSE IS "NONE" or "BROKE EVEN"

Lost Money

Enter dollar amount \$ _____

Q48b3L ENTER AMOUNT OF MONEY LOST IN THE FIRST QUARTER OF 1995.

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

Q48b4 What were (name's/your) net earnings from this (business/farm) during the SECOND quarter of 1995?

IF RESPONSE IS "NONE" or "BROKE EVEN"

Lost Money

Enter dollar amount \$ _____

Q48b4L ENTER AMOUNT OF MONEY LOST IN THE SECOND QUARTER OF 1995.

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

Q48b5 What were (name's/your) net earnings from this (business/farm) during the THIRD quarter of 1995?

IF RESPONSE IS "NONE" or "BROKE EVEN"

Lost Money

Enter dollar amount \$ _____

Q48b5L ENTER AMOUNT OF MONEY LOST IN THE THIRD QUARTER OF 1995.

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

Q48b6 What were (name's/your) net earnings from this (business/farm) during the FOURTH quarter of 1995?

IF RESPONSE IS "NONE" or "BROKE EVEN"

Lost Money

Enter dollar amount \$ _____

Q48b6L ENTER AMOUNT OF MONEY LOST IN THE FOURTH QUARTER OF 1995.

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

Q48b7 Does this amount include all tips, bonuses, overtime pay or commissions (name/you) may have received in 1995?

1. Yes
2. No

Q48bad How much did (name/you) earn in tips, bonuses, overtime pay or commissions in 1995?

Enter dollar amount \$ _____

Q49a Did (name/you) earn money from any other work (you/he/she) did during 1995?

1. Yes
2. No

Q49B1 How much did (name/you) earn from all other employers before taxes and other deductions during 1995?

Enter dollar amount \$ _____

READ IF NECESSARY: Is this a weekly, every other week, twice a month, monthly or yearly amount?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly

Q49B1p

Q49B11 For how many (weekly/every other week/twice a month/monthly) pay periods did (name/you) earn (fill from Q49B1) from all other employers in 1995?

Q49B1C * DO NOT READ TO THE RESPONDENT *****

THE TOTAL ANNUAL EARNINGS ENTERED FROM ALL OTHER EMPLOYERS IS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q49B1V According to my calculations (name/you) earned (total) dollars altogether from all other employers in 1995. Does that sound about right?

1. Yes
2. No

Q49B12 What is your best estimate of (name's/your) correct total amount of earnings from all other employers during 1995?

PREVIOUS ENTRIES: Q48a: (amount)

Q48ap: (periodicity)

Q48a1: (number of pay periods)

Enter dollar amount \$ _____

Q49B13 Does this amount include all tips, bonuses, overtime pay or commissions (name/you) may have received from all other employers in 1995?

1. Yes
2. No

Q49B1A How much did (name/you) earn in tips, bonuses, overtime pay or commissions from all other employers in 1995?

Enter dollar amount \$ _____

Q49B2 How much did (name/you) earn from (his/her/your) own business after expenses?

(IF RESPONSE IS "BROKE EVEN" THEN ENTER 1.)

FOR AMOUNTS \$1,000,000 AND OVER, ENTER \$999,999

None

Lost money

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

FOR AMOUNTS \$10,000 AND OVER, ENTER \$9,999

\$ __, __ .00 ENTER ANNUAL AMOUNT LOST ONLY

Q49B3 How much did (name/you) earn from (his/her/your) farm after expenses?

(IF RESPONSE IS "BROKE EVEN" THEN ENTER 1.)

FOR AMOUNTS \$1,000,000 AND OVER, ENTER \$999,999

None

Lost money

\$ __, __ .00 ENTER ANNUAL AMOUNT ONLY

FOR AMOUNTS \$10,000 AND OVER, ENTER \$9,999

SOURCES OF INCOME: SOCIAL SECURITY; SSI

Q56a During 1995 did (anyone in this household/you) receive any Social Security payments from the U.S. Government?

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q56b **READ ONLY IF NECESSARY**

Who received Social Security payments either for themselves or as combined payments with other family members?

ENTER LINE NUMBER OF PARENT OR GUARDIAN FOR PAYMENTS MADE TO CHILDREN UNDER AGE 15.

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q56dp What is the easiest way for you to report (name's/your) Social Security payment; monthly, quarterly or yearly?

1. Monthly
2. Quarterly
3. Yearly

Q56d How much did (name/you) receive (monthly/quarterly/) in Social Security payments in 1995?

Enter dollar amount \$ _____

Q56d1 What is the amount of the Social Security payment (name/you) received last month?

Enter dollar amount \$ _____

Q56d2 For how many (months/quarters) did (name/you) receive Social Security in 1995?

1-12

Q56d3 Is this (amount from Q56d/amount from Q56d1) before or after the (46.10/42.50) per month medicare deduction?

1. After
2. Before

Q56d4 Was the cost of living increase the only change which occurred in monthly payments?

1. Yes
2. No

Q56dC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL SOCIAL SECURITY RECEIVED IN 1995 WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q56d5 According to my calculations (name/you) received (total) dollars altogether from Social Security in 1995. Does that sound about right?

1. Yes
2. No

Q56d6 What is your best estimate of the correct amount (name/you) received in Social Security during 1995?

PREVIOUS ENTRIES: Q56d1: (amount)

Q56dp: (periodicity)

Q56d2: (number of pay periods)

Q56d3: (amount added per month)

Q56d4: (cost of living subtracted per month)

Enter dollar amount \$ _____

SSR What were the reasons (name/you) (was/were) getting Social Security in 1995?

PROBE: Any other reason?

1. Retired
2. Disabled
3. Widowed
4. Spouse
5. Surviving child
6. Dependent child
7. On behalf of children
8. Other

NOTE: THIS ITEM DOES NOT APPEAR IF ONLY ONE CHILD IN THE HOUSEHOLD

SSC Which children under age 23 were receiving Social Security in 1995?

LN NAME RELATION LN NAME RELATION

- (person 1) (person 9)
- (person 2) (person 10)
- (person 3) (person 11)
- (person 4) (person 12)
- (person 5) (person 13)
- (person 6) (person 14)
- (person 7) (person 15)
- (person 8) (person 16)

PROBE: Anyone else?

SSCR What were the reasons (Child's name/the children) (was/were) getting Social Security in 1995?

PROBE: Any other reason?

1. Disabled child/children
2. Surviving child/children
3. Dependent child/children
4. Other

Q56f Did anyone in this household receive any Social Security income in 1995 that we have not already counted on behalf of children in this household?

INCLUDES ALL CHILDREN UNDER 23 YEARS OF AGE

1. Yes
2. No

(Help) Social Security income previously reported

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q56g **READ ONLY IF NECESSARY**

Who received these Social Security payments?

ENTER LINE NUMBER OF PARENT OR GUARDIAN

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

(Help) Social Security income previously reported

PROBE: Anyone else?

Q56ip What is the easiest way for you to report(name's/your) Social Security payment for children in this household; monthly, quarterly or yearly?

1. Monthly
2. Quarterly
3. Yearly

Q56i How much did (name/you) receive (monthly/quarterly/) in Social Security payments for children in this household in 1995?

Enter dollar amount \$ _____

Q56i1 What is the amount of the Social Security payment (name/you) received for children in this household last month?

Enter dollar amount \$ _____

Q56i2 For how many (months/quarters) did (name/you) receive Social Security in 1995?

1-12

Q56i3 Was the cost of living increase the only change which occurred in monthly payments for children in this household?

1. Yes
2. No

Q56iC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL SOCIAL SECURITY RECEIVED FOR CHILDREN IN THIS HOUSEHOLD IN 1995 WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q56i4 According to my calculations (name/you) received (total) dollars altogether for children in this household from Social Security in 1995. Does that sound about right?

1. Yes
2. No

Q56i5 What is your best estimate of the correct amount (name/you) received in Social Security for children in this household during 1995?

PREVIOUS ENTRIES: Q56i1: (amount)

Q56ip: (periodicity)

Q56i2: (number of pay periods)

Q56i3: (cost of living subtracted per month)

Enter dollar amount \$ _____

RSS What were the reasons (name/you) (was/were) getting Social Security for children in this household in 1995?

PROBE: Any other reason?

1. Surviving child
2. Dependent child
3. On behalf of children
4. Other

NOTE: THIS ITEM DOES NOT APPEAR IF ONLY ONE CHILD IN THE HOUSEHOLD

CSS Which children under age 23 were receiving Social Security in 1995?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

CRSS What were the reasons (Child's name/the children) (was/were) getting Social Security in 1995?

PROBE: Any other reason?

1. Disabled child/children
2. Surviving child/children
3. Dependent child/children
4. Other

Q57a During 1995 did (anyone in this household receive:/you receive:)

Any SSI payments, that is, Supplemental Security Income?

NOTE: SSI ARE ASSISTANCE PAYMENTS TO LOW-INCOME AGED, BLIND AND DISABLED PERSONS AND COME FROM STATE OR LOCAL WELFARE OFFICES, THE FEDERAL GOVERNMENT, OR BOTH.

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q57b **READ ONLY IF NECESSARY**

Who received SSI? SUPPLEMENTAL SECURITY INCOME

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

ENTER LINE NUMBER N No more

PROBE: Anyone else?

Q57cp What is the easiest way for you to report (name's/your) Supplemental Security Income payment; monthly, quarterly or yearly?

1. Monthly
2. Quarterly
3. Yearly

Q57c How much did (name/you) receive (monthly/quarterly/) in Supplemental Security Income payments in 1995?

Enter dollar amount \$ _____

Q57c1 What is the amount of the Supplemental Security Income payment (name/you) received last month?

Enter dollar amount \$ _____

Q57c2 For how many (months/quarters) did (name/you) receive Supplemental Security Income in 1995?

1-12

Q57c3 Was the cost of living increase the only change which occurred in monthly payments?

1. Yes
2. No

Q57cC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL SUPPLEMENTAL SECURITY INCOME RECEIVED IN 1995 WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q57c4 According to my calculations (name/you) received (total) dollars altogether from Supplemental Security Income in 1995. Does that sound about right?

1. Yes
2. No

Q57c5 What is your best estimate of the correct amount (name\you) received in Supplemental Security Income during 1995?

PREVIOUS ENTRIES: Q57c1: (amount)

Q57cp: (periodicity)

Q57c2: (number of pay periods)

Q57c3: (amount subtracted per month)

Enter dollar amount \$ _____

SSIR What were the reasons (name/you) (was/were) getting Supplemental Security Income in 1995?

PROBE: Any other reason? <N> No more

1. Disabled
2. Blind
3. On behalf of a disabled child
4. On behalf of a blind child
5. Other

NOTE: THIS ITEM DOES NOT APPEAR IF ONLY ONE CHILD IN THE HOUSEHOLD

SSIC Which children under age 18 were receiving Supplemental Security income in 1995?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q57d Did anyone in this household receive any Supplemental Security Income in 1995 that we have not already counted on behalf of children in this household?

INCLUDES ALL CHILDREN UNDER 18 YEARS OF AGE

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q57e **READ ONLY IF NECESSARY**

Who received these Supplemental Security Income payments?

ENTER LINE NUMBER OF PARENT OR GUARDIAN

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q57ip What is the easiest way for you to the Supplemental Security Income (name/you) received on behalf of children?

1. Monthly
2. Quarterly
3. Yearly

Q57i How much did (name/you) receive (monthly/quarterly/) in Supplemental Security Income on behalf of children in 1995?

Enter dollar amount \$ _____

Q57i1 What is the amount of the Supplemental Security Income payment (name/you) received on behalf of children last month?

Enter dollar amount \$ _____

Q57i2 For how many (months/quarters) did (name/you) receive Supplemental Security Income on behalf of children in 1995?

1-12

Q57i3 Was the cost of living increase the only change which occurred in monthly payments?

1. Yes
2. No

Q57iC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL SUPPLEMENTAL SECURITY INCOME RECEIVED IN 1995 ON BEHALF OF CHILDREN WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q57i4 According to my calculations (name/you) received (total) dollars altogether from Supplemental Security Income on behalf of children in 1995. Does that sound about right?

1. Yes
2. No

Q57i5 What is your best estimate of the correct amount (name/you) received in Supplemental Security Income on behalf of children during 1995?

PREVIOUS ENTRIES: Q57i1: (amount)

Q57cp: (periodicity)

Q57c2: (number of pay periods)

Q57c3: (amount subtracted per month)

Enter dollar amount \$ _____

RSSI What were the reasons (name/you) (was/were) getting Supplemental Security Income on behalf of children in 1995?

PROBE: Any other reason?

1. On behalf of a disabled child/children
2. On behalf of a blind child/children
3. Other

NOTE: THIS ITEM DOES NOT APPEAR IF ONLY ONE CHILD IN THE HOUSEHOLD

CSSI Which children under age 18 were receiving Supplemental Security Income in 1995?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q59A88 At any time during 1995, even for one month, did (anyone in this household/you) receive any public assistance or welfare payments from the state or local welfare office?

INCLUDE SUCH PAYMENTS AS AID TO FAMILIES WITH DEPENDENT CHILDREN, AID TO DEPENDENT CHILDREN, GENERAL ASSISTANCE PROGRAM, EMERGENCY ASSISTANCE, CUBAN/HAITIAN REFUGEE, OR INDIAN ASSISTANCE.

DO NOT INCLUDE FOOD STAMPS OR SSI PAYMENTS.

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q59b-88 Who received these payments?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

SOURCES OF INCOME: AFDC

Q59C88 Did (name/you) receive Aid to Families With Dependent Children (AFDC)/Aid to Dependent Children (ADC) or some other type of assistance payments?

1. Aid to Families With Dependent Children (AFDC)/Aid to Dependent Children (ADC)
2. Other Assistance
3. Both

Q59ep What is the easiest way for you to report (name's/your) Public Assistance or Welfare Payments; weekly, every other week, twice a month, monthly or yearly?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly

Q59e How much did (name/you) receive (weekly/every other week/twice a month/monthly) in Public Assistance or Welfare Payments in 1995?

Enter dollar amount \$ _____

Q59e2 How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive from Public Assistance or Welfare Payments in 1995?

1-52

Q59eC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL PUBLIC ASSISTANCE OR WELFARE PAYMENTS RECEIVED IN 1995 WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q59e3 According to my calculations (name/you) received (total) dollars altogether from Public Assistance or Welfare Payments in 1995. Does that sound about right?

1. Yes
2. No

Q59e4 What is your best estimate of the correct amount (name\you) received in Public Assistance or Welfare Payments during 1995?

PREVIOUS ENTRIES: Q59e: (amount)

Q59ep: (periodicity)

Q59e2: (number of pay periods)

Enter dollar amount \$ _____

NOTE: THIS ITEM DOES NOT APPEAR IF ONLY ONE CHILD IN THE HOUSEHOLD

AFWC Which children in the household were covered by (name's/your) Aid to Families With Dependent Children (AFDC)/Aid to Dependent Children (ADC) in 1995?

NOTE: INCLUDE CHILDREN UNDER 19 YEARS OLD ONLY

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

All

PROBE: Anyone else?

SOURCES OF INCOME: CHILD SUPPORT PAYMENTS

Q70a During 1995 did (anyone in this household/you) receive:

Any child support payments?

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q70b **ASK ONLY IF NECESSARY**

Who received these payments?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q70cp What is the easiest way for you to report (name's/your) child support payments; weekly, every other week, twice a month, monthly or yearly?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly

Q70c How much did (name/you) receive (weekly/every other week/twice a month/monthly/) in child support payments in 1995?

Enter dollar amount \$ _____

Q70c2 How many (weekly/every other week/twice a month/monthly) child support payments did (name/you) receive in 1995?

1-52

Q70cC2 * DO NOT READ TO THE RESPONDENT *****

THE ANNUAL RATE APPEARS OUT OF RANGE. THE TOTAL CHILD SUPPORT PAYMENTS RECEIVED IN 1995 WAS (AMOUNT). IS THIS A CORRECT ENTRY?

1. Yes
2. No

Q70c3 According to my calculations (name/you) received (total) dollars altogether from child support payments in 1995. Does that sound about right?

1. Yes
2. No

Q70c4 What is your best estimate of the correct amount (name/you) received from child support payments during 1995?

PREVIOUS ENTRIES: Q70c: (amount)

Q70cp: (periodicity)

Q70c2: (number of pay periods)

Enter dollar amount \$ _____

Q73A2 During 1995, did (anyone in this household/you) receive income from:

Any unemployment compensation, severance pay, welfare, foster child care payments, or any other money income not already covered?

1. Yes
2. No

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

Q73A2b **ASK ONLY IF NECESSARY**

Who received this income?

LN NAME RELATION LN NAME RELATION

(person 1) (person 9)

(person 2) (person 10)

(person 3) (person 11)

(person 4) (person 12)

(person 5) (person 13)

(person 6) (person 14)

(person 7) (person 15)

(person 8) (person 16)

PROBE: Anyone else?

Q73A2c What was the source of this income?

SPECIFY ASKING ABOUT: (name/names/CURRENT RESPONDENT)

Q732p What is the easiest way for you to report (name's/your) income from any unemployment compensation, severance pay, welfare, foster child care payments, or any other money not already covered during 1995; weekly, every other week, twice a month, monthly or yearly?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly

Q732 How much did (name/you) receive (weekly/every other week/twice a month/monthly/) in income from any unemployment compensation, severance pay, welfare, foster child care payments, or any other money not already covered during 1995?

Enter dollar amount \$ _____

Q7322 How many (weekly/every other week/twice a month/monthly) payments did (name/you) receive in income from any unemployment compensation, severance pay, welfare, foster child care payments, or any other money not already covered in 1995?

1-52

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP)
WAVE 2 QUESTIONNAIRE (April, 1997)

SECTION F: SOURCES OF INCOME

F1. IF R LIVES ALONG: Now I have some questions about the ways you may receive income. Again, I want to assure you that none of your answers will be discussed with anyone. In (PRIOR MONTH) did you have a job?

ELSE: Now I have some questions about the ways you and others in your household may receive income. Again, I want to assure you that none of your answers will be discussed with anyone. In (PRIOR MONTH) did you or anyone else in your household have a job?

YES 1
NO 2
DON'T KNOW -1
REFUSED -2

F1a. IF F1 = NO, PROBE: A lot of people have irregular jobs or do other things on the side to make ends meet. Have you (or has anyone else in your household) had any jobs like that for pay in (PRIOR MONTH)?

YES 1
NO 2 GO TO F3
DON'T KNOW -1 GO TO F3
REFUSED -2 GO TO F3

IF R LIVES ALONE, GO TO F2b.

F2a. Did you have a job in (PRIOR MONTH)?

YES 1
NO 2 GO TO F2d
DON'T KNOW -1 GO TO F2d
REFUSED -2 GO TO F2d

F2b. During (PRIOR MONTH), how much did you earn in total before taxes and other deductions were taken out? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ EARNINGS

DON'T KNOW -1
REFUSED -2

NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC.

F2c. (IF F2b = DON'T KNOW): Do you think it was...

Less than \$400, ...	1
\$401 to \$600, ...	2
\$601 to \$1000, or	3
\$More than \$1000?	4
DON'T KNOW	-1
REFUSED	-2

IF R LIVES ALONE, GO TO F3.

F2d. Did anyone else in your household have a job in (PRIOR MONTH)?

YES	1	
NO	2	GO TO F3
DON'T KNOW	-1	GO TO F3
REFUSED	-2	GO TO F3

F2e. During (PRIOR MONTH), how much did all of the other people in your household earn in total before taxes and other deductions were taken out? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ EARNINGS

DON'T KNOW	-1
REFUSED	-2

NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC.

F2f. (IF F2e = DON'T KNOW): Do you think it was...

Less than \$400, ...	1
\$401 to \$600, ...	2
\$601 to \$1000, or	3
\$More than \$1000?	4
DON'T KNOW	-1
REFUSED	-2

F3. IF R LIVES ALONE: Next we're going to ask about food stamps, food coupons, and other sources of assistance you may receive to buy food for your household. In (PRIOR MONTH), did you get this type of assistance?

ELSE: Next we're going to ask about food stamps, food coupons, and other sources or assistance you may receive to buy food for your household. In (PRIOR MONTH), did you or anyone else in your household get this type of assistance?

YES	1	
NO	2	GO TO F4
DON'T KNOW	-1	GO TO F4
REFUSED	-2	GO TO F4

IF R LIVES ALONE, GO TO F3b.

F3a. Did you receive food stamps, food coupons, or other sources of assistance to buy food?

YES	1	
NO	2	GO TO F3d
DON'T KNOW	-1	GO TO F3d
REFUSED	-2	GO TO F3d

F3b. During (PRIOR MONTH), how much did you receive to buy food? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F3c. (IF F3b = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$150, ...	2
\$151 to \$200, or	3
More than \$200?	4
DON'T KNOW	-1
REFUSED	-2

IF R LIVES ALONE, GO TO F4.

F3d. Did anyone else in your household receive food stamps, food coupons, or other sources of assistance to buy food?

YES	1	
NO	2	GO TO F4
DON'T KNOW	-1	GO TO F4
REFUSED	-2	GO TO F4

F3e. During (PRIOR MONTH), how much did all of the other people in your household receive to buy food? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F3f. (IF F3e = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$150, ...	2
\$151 to \$200, or	3
More than \$200?	4
DON'T KNOW	-1
REFUSED	-2

F4. (IF MFIP AND R LIVES ALONE): Not including any assistance your household receives to buy food, in (PRIOR MONTH), did you receive any benefit payments from MFIP?

(IF MFIP AND R DOES NOT LIVE ALONE): Not including any assistance your household receives to buy food, in (PRIOR MONTH), did you or anyone else in your household receive any benefit payments from MFIP?

(IF AFDC AND R LIVES ALONE): Not including any assistance your household receives to buy food, in (PRIOR MONTH), did you receive any benefit payments from Aid to Families with Dependent Children (AFDC) or Family General Assistance?

(IF AFDC AND R DOES NOT LIVE ALONE): Not including any assistance your household receives to buy food, in (PRIOR MONTH), did you or anyone else in your household receive any benefit payments from Aid to Families with Dependent Children (AFDC) or Family General Assistance?

YES	1	
NO	2	GO TO F5
DON'T KNOW	-1	GO TO F5
REFUSED	-2	GO TO F5

IF R LIVES ALONE, GO TO F4b.

F4a (IF MFIP): Did you receive MFIP?

(IF AFDC): Did you receive AFDC or Family General Assistance?

YES	1	
NO	2	GO TO F4d
DON'T KNOW	-1	GO TO F4d
REFUSED	-2	GO TO F4d

F4b. (IFMFIP): Not including the food portion of your assistance, during (PRIOR MONTH), how much did you receive from MFIP? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

(IFAFDC): Not including the food portion of your assistance, during (PRIOR MONTH), how much did you receive from AFDC or Family General Assistance? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F4c. (IF F4b = DON'T KNOW): Do you think it was...

Less than \$250, ... 1
\$251 to \$350, ... 2
\$351 to \$400, or 3
More than \$400? 4
DON'T KNOW -1
REFUSED -2

INTERVIEWER: IF R LIVES ALONE, GO TO F5.

F4d. (IF MFIP): Did anyone else in your household receive MFIP?

(IF AFDC): Did anyone else in your household receive AFDC or Family General Assistance?

YES	1	
NO	2	GO TO F5
DON'T KNOW	-1	GO TO F5
REFUSED	-2	GO TO F5

F4e. (IFMFIP): During (PRIOR MONTH), how much did all of the other people in your household receive from MFIP? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

(IFAFDC): During (PRIOR MONTH), how much did all of the other people in your household receive from AFDC or Family General Assistance? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1
REFUSED -2

F4f. (IF F4e = DON'T KNOW): Do you think it was...

Less than \$250, ... 1
\$251 to \$350, ... 2
\$351 to \$400, or 3
More than \$400? 4
DON'T KNOW -1
REFUSED -2

F5. IF R LIVES ALONE: In (PRIOR MONTH), did you receive any income from child support payments?

ELSE: In (PRIOR MONTH), did you or anyone else in your household receive any income from child support payments?

YES	1	
NO	2	GO TO F6
DON'T KNOW	-1	GO TO F6
REFUSED	-2	GO TO F6

IF R LIVES ALONE, GO TO F5b.

F5a. Did you receive child support payments?

YES	1	
NO	2	GO TO F5d
DON'T KNOW	-1	GO TO F5d
REFUSED	-2	GO TO F5d

F5b. During (PRIOR MONTH), how much did you receive from child support? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1
REFUSED -2

F5c. (IF F5b = DON'T KNOW): Do you think it was...

Less than \$100, ... 1
\$100 to \$200, ... 2
\$201 to \$300, ... 3
\$301 to \$400, ... 4
\$401 to \$500, or 5
More than \$500? 6
DON'T KNOW -1
REFUSED -2

IF R LIVES ALONE, GO TO F6.

F5d. Did anyone else in your household receive child support payments?

YES	1	
NO	2	GO TO F6
DON'T KNOW	-1	GO TO F6
REFUSED	-2	GO TO F6

F5e. During (PRIOR MONTH), how much did all of the other people in your household receive from child support? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1
REFUSED -2

F5f. (IF F5e = DON'T KNOW): Do you think it was...

Less than \$100, ... 1
\$100 to \$200, ... 2
\$201 to \$300, ... 3
\$301 to \$400, ... 4
\$401 to \$500, or 5
More than \$500? 6
DON'T KNOW -1
REFUSED -2

F6. IF R LIVES ALONE: In (PRIOR MONTH), did you receive any kind of **pension**, through Social Security or through a private source?

ELSE: In (PRIOR MONTH), did you or anyone else in your household receive any kind of **pension**, through Social Security or through a private source?

YES	1	
NO	2	GO TO F7
DON'T KNOW	-1	GO TO F7
REFUSED	-2	GO TO F7

IF R LIVES ALONE, GO TO F6b.

F6a. Did you receive a pension?

YES	1	
NO	2	GO TO F6d
DON'T KNOW	-1	GO TO F6d
REFUSED	-2	GO TO F6d

F6b. During (PRIOR MONTH), how much did you receive from a pension? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F6c. (IF F6b = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$200, ...	2
\$201 to \$300, ...	3
\$301 to \$400, ...	4
\$401 to \$500, or	5
More than \$500?	6
DON'T KNOW	-1
REFUSED	-2

IF R LIVES ALONE, GO TO F7.

F6d. Did anyone else in your household receive a pension?

YES	1	
NO	2	GO TO F7
DON'T KNOW	-1	GO TO F7
REFUSED	-2	GO TO F7

F6e. During (PRIOR MONTH), how much did all of the other people in your household receive from a pension? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1

REFUSED -2

F6f. (IF F6e = DON'T KNOW): Do you think it was...

Less than \$100, ... 1

\$100 to \$200, ... 2

\$201 to \$300, ... 3

\$301 to \$400, ... 4

\$401 to \$500, or 5

More than \$500? 6

DON'T KNOW -1

REFUSED -2

F7. IF R LIVES ALONE: In (PRIOR MONTH), did you receive **disability income** through Supplemental Security Income or SSI, Social Security, or some other source?

IF R LIVES ALONE: In (PRIOR MONTH), did you or anyone else in your household receive **disability income** through Supplemental Security Income or SSI, Social Security, or some other source?

YES 1

NO 2

DON'T KNOW -1

REFUSED -2

GO TO F8

GO TO F8

GO TO F8

IF R LIVES ALONE, GO TO F7b.

F7a. Did you receive disability income?

YES 1

NO 2

DON'T KNOW -1

REFUSED -2

GO TO F7d

GO TO F7d

GO TO F7d

F7b. During (PRIOR MONTH), how much did you receive from disability income? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1

REFUSED -2

F7c. (IF F7b = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$200, ...	2
\$201 to \$300, ...	3
\$301 to \$400, ...	4
\$401 to \$500, or	5
More than \$500?	6
DON'T KNOW	-1
REFUSED	-2

IF R LIVES ALONE, GO TO F8.

F7d. Did anyone else in your household receive disability income?

YES	1	
NO	2	GO TO F8
DON'T KNOW	-1	GO TO F8
REFUSED	-2	GO TO F8

F7e. During (PRIOR MONTH), how much did all of the other people in your household receive from disability income? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F7f. (IF F7e = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$200, ...	2
\$201 to \$300, ...	3
\$301 to \$400, ...	4
\$401 to \$500, or	5
More than \$500?	6
DON'T KNOW	-1
REFUSED	-2

F8. IF R LIVES ALONE: In (PRIOR MONTH), did you receive any income or benefits from **any other source**?

IF R LIVES ALONE: In (PRIOR MONTH), did you or anyone else in your household receive any income or benefits from **any other source**?

YES	1	
NO	2	GO TO SECTION G
DON'T KNOW	-1	GO TO SECTION G
REFUSED	-2	GO TO SECTION G

IF R LIVES ALONE, GO TO F8b.

F8a. Did you receive any other sources of income?

YES	1	
NO	2	GO TO F8d
DON'T KNOW	-1	GO TO F8d
REFUSED	-2	GO TO F8d

F8b. Altogether, during (PRIOR MONTH), how much did you receive from all of the other sources of income? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW	-1
REFUSED	-2

F8c. (IF F8b = DON'T KNOW): Do you think it was...

Less than \$100, ...	1
\$100 to \$200, ...	2
\$201 to \$300, ...	3
\$301 to \$400, ...	4
\$401 to \$500, or	5
More than \$500?	6
DON'T KNOW	-1
REFUSED	-2

IF R LIVES ALONE, GO TO SECTION G.

F8d. Did anyone else in your household receive any other sources of income?

YES	1	
NO	2	GO TO SECTION G
DON'T KNOW	-1	GO TO SECTION G
REFUSED	-2	GO TO SECTION G

F8e. Altogether, during (PRIOR MONTH), how much did all of the other people in your household receive from all of the other sources of income? ROUND TO NEAREST DOLLAR. PROBE FOR ESTIMATE IF AMOUNT IS UNKNOWN.

\$_____ AMOUNT

DON'T KNOW -1
REFUSED -2

F8f. (IF F8e = DON'T KNOW): Do you think it was...

Less than \$100, ... 1
\$100 to \$200, ... 2
\$201 to \$300, ... 3
\$301 to \$400, ... 4
\$401 to \$500, or 5
More than \$500? 6
DON'T KNOW -1
REFUSED -2

MINNESOTA FAMILY INVESTMENT PROGRAM QUESTIONNAIRE

SECTION J: MATERIAL HARDSHIP SCALE

J1. (New Hope) How much do you agree or disagree with each of the following statements?
Would you say you strongly agree, agree somewhat, disagree somewhat, or strongly disagree?

a. My financial situation is better than it's been in a long time.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
SOMEWHAT DISAGREE 3
STRONGLY DISAGREE 4
DON'T KNOW -1
REFUSED -2

b. I worry about having enough money in the future.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
SOMEWHAT DISAGREE 3
STRONGLY DISAGREE 4
DON'T KNOW -1
REFUSED -2

c. These days I can generally afford to buy the things (I/we) need.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
SOMEWHAT DISAGREE 3
STRONGLY DISAGREE 4
DON'T KNOW -1
REFUSED -2

d. There never seems to be enough money to buy something or go somewhere just for fun.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
SOMEWHAT DISAGREE 3
STRONGLY DISAGREE 4
DON'T KNOW -1
REFUSED -2

J2. (SIPP) In the past 12 months, has there been a time when your household:

		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
a.	Did not pay the full amount of the rent or mortgage?	1	2	-1	-2
b.	Was evicted from you home or apartment for not paying the rent or mortgage?	1	2	-1	-2
c.	Did not pay the full amount of the gas, oil, or electricity bills?	1	2	-1	-2
d.	had service turned off by the gas or electric company, or oil company would not deliver oil?	1	2	-1	-2
e.	Had service disconnected by the telephone company because payments were not made?	1	2	-1	-2
f.	Had someone in your household who needed to see a doctor or go to the hospital but couldn't go?	1	2	-1	-2
g.	Had someone who needed to see a dentist but couldn't go?	1	2	-1	-2

- J3. (SIPP, Modified) Which of these statements best described the food eaten in (PRIOR MONTH):

Enough of the kinds of food we want, ...	1	(GO TO J5)
Enough but not always the kinds of food we want to eat.	2	(GO TO J5)
Sometimes not enough to eat, or	3	
Often not enough to eat?	4	
DON'T KNOW	-1	
REFUSED	-2	

- J4. (Food Security Quex/NC-42, Modified) (IF ONE CHILD): In (PRIOR MONTH), did your child ever skip a meal because there wasn't enough money for food?

(Food Security Quex/NC-42, Modified) (IF MORE THAN ONE CHILD): In (PRIOR MONTH), did your children ever skip a meal because there wasn't enough money for food?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

- J4a. (Food Security Quex (Modified) How many days did this happen in (PRIOR MONTH)?

_____ {ACTUAL # DAYS}

DON'T KNOW	-1
REFUSED	-2

- J5. (McLoyd) In general, how do your family finances usually work out at the end of the month? Is there:

some money left over, ...	1
just enough to make ends meet, or	2
not enough money to make ends meet? . . .	3
DON'T KNOW	-1
REFUSED	-2

- J6. (McLoyd) How often have you borrowed money from friends or family to help pay bills during the past year? Would you say not at all, a little, some, or a lot?

NOT AT ALL	1
A LITTLE	2
SOME	3
A LOT	4
DON'T KNOW	-1
REFUSED	-2

OPTIONAL:

J7. The federal government has a special rule that allows working people who make less than about \$25,000 a year to pay lower income taxes. It's called the Earned Income Tax Credit or EITC. [Minnesota EITC] Have you ever heard of that rule?

YES 1

NO 2 GO TO J9

J8. Did you use the Earned Income Tax Credit Rule on your most recent federal tax return?

YES 1

NO 2

EMPLOYMENT

MINNESOTA FAMILY INVESTMENT PROGRAM
WAVE 2 QUESTIONNAIRE

SECTION D: EMPLOYMENT

[PI24] The next questions are about all paid jobs you've had, including paid baby-sitting or housekeeping jobs, or any other jobs you've had since (RAD). Again, I would like to remind you that your answers will remain entirely confidential.

- D1. [PI24] Since (RAD), have you worked for pay at all? (Please don't count unpaid experience.) (IF "NO", PROBE: A lot of people have irregular jobs on the side to make ends meet. Have you done any jobs like that for pay since (RAD)?)

YES	1	
NO	2	GO TO SECTION E
DK/DR	-1	GO TO SECTION E
REFUSED	-2	GO TO SECTION E

NOTE: ACCEPTABLE JOBS INCLUDE THOSE THAT STARTED BEFORE (RAD) AS LONG AS THEY ENDED OR ARE STILL HELD AFTER (RAD).

- D2. [PI24]. Are you currently working for pay?

YES	1	
NO	2	GO TO D5
DK/DR	-1	GO TO D5
REFUSED	-2	GO TO D5

- D3. [PI24] How many jobs do you currently have? Please count each employer as a separate job. (SELF-EMPLOYMENT, LIKE BABYSITTING, COUNTS AS ONE JOB.)

____ NUMBER OF JOBS

DON'T KNOW	-1
REFUSED	-2

IF D3 = 1, GO TO D5. ELSE, CONTINUE.

- D4. For whom do you (usually) work the most hours?
-

NOTE: IF R REFUSES TO NAME PLACE OF EMPLOYMENT, OBTAIN GENERAL DESCRIPTOR FOR REFERENCE IN REMAINING QUESTIONS.

INSTRUCTION: USE THIS JOB AS "CURRENT JOB" IN THE FOLLOWING QUESTIONS.

I'd like to ask you some questions about your job with (CURRENT/MOST RECENT EMPLOYER).

GO TO D6.

D5. [PI24] (IF D2 = 1): Please tell me where you work. (PROBE: What is your employer's name?)

[PI24] (IF D2 NE 1): Please tell me where you worked most recently. (PROBE: What was your employer's name?)

EMPLOYER'S NAME

NOTE: IF R REFUSES TO NAME PLACE OF EMPLOYMENT, OBTAIN GENERAL DESCRIPTOR FOR REFERENCE IN REMAINING QUESTIONS.

D6. [PI24] (IF D2 = 1): What kind of work are you doing on this job?

[PI24] (IF D2 NE 1): What kind of work did you do on this job?

(JOB DESCRIPTION)

D7. [PI24] (IF D2 = 1): When did you start this job? (IF R IS SELF-EMPLOYED, PROBE: When was the first time you worked at this (JOB) for a living?) (PROBE FOR TIME OF YEAR, THEN MONTH, IF RA CAN'T REMEMBER.)

[PI24] (IF D2 NE 1): When did you start and end this job? (IF R IS SELF-EMPLOYED, PROBE: When was the first time you worked at this (JOB) for a living?) (PROBE FOR TIME OF YEAR, AND MONTH, IF R CAN'T REMEMBER.)

START: ____/____
MONTH YEAR

END: ____/____
MONTH YEAR

DON'T KNOW -1
REFUSED -2
~~STILL WORKING~~ 77/77

NOTE: ACCEPTABLE DATES FOR JOBS INCLUDE A START DATE THAT IS BEFORE RAD IF THE END DATE IS AFTER RAD. WORKING FOR A TEMP AGENCY SHOULD BE CONSIDERED AS ONE LONG ASSIGNMENT WITH THE START DATE BEING THE START DATE OF R's FIRST ASSIGNMENT AND THE END DATE BEING THE END OF THE LAST ASSIGNMENT.

D8. (IF D2 = 1): Including overtime, how many hours per week do you work on this job at (EMPLOYER NAME)?

(IF D2 NE 1): Including overtime, how many hours per week did you work on this job at (EMPLOYER NAME)?

_____HRS/WK (ALLOW RANGE UP TO 80)

DON'T KNOW -1

REFUSED -2

D9. (IF D2 = 1): How much are your earnings now, before taxes and other deductions? Please include tips, commissions, and regular overtime pay.

(IF D2 NE 1): How much were your earnings just before you left, before taxes and other deductions? Please include tips, commissions, and regular overtime pay.

\$_____

DON'T KNOW -1 GO TO D12

REFUSED -2 GO TO D12

NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC. IF R'S EARNINGS VARY, PROBE FOR AVERAGE EARNINGS IN A TYPICAL MONTH.

D10. (IF D2 = 1): Is that

(IF D2 NE 1): Was that...

Per hour 1

Per day 2

Per week 3

Every 2 weeks 4

Twice a month 5

Per month 6

Per unit (SPECIFY) 7

D11. (IF D2 = 1): Just to confirm: is that before or after taxes?

(IF D2 NE 1): Just to confirm: was that before or after taxes?

BEFORE 1
AFTER 2
DON'T KNOW -1
REFUSED -2

IF D10 = PER DAY, ASK D11a. ELSE, GO TO D12.

CD11a. (IF D2 = 1): How many days per week do you work?

(IF D2 NE 1): How many days per week did you work?

_____ # OF DAYS

DON'T KNOW -1
REFUSED -2

D12. (IF D2 = 1): Does your employer offer any of the following benefits to you:

(IF D2 NE 1): Did your employer offer any of the following benefits to you:

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
Sick day, with full pay	1	2	-1	-2
Paid vacation	1	2	-1	-2
Dental benefits	1	2	-1	-2
Training classes or tuition reimbursement	1	2	-1	-2

D13a. (IF D2 = 1): Does your employer offer you a health plan or medical insurance?

(IF D2 NE 1): Did your employer offer you a health plan or medical insurance?

YES 1
NO 2
DON'T KNOW -1
REFUSED -2

D14a. In the last four weeks, were you looking for a full-time or part-time job?

FULL TIME	1	GO TO D16
PART TIME	2	
EITHER/BOTH	3	GO TO D15
NEITHER	4	
DON'T KNOW	-1	
REFUSED	-2	

D14b. (IF D8 = 30 OR MORE HOURS): What were the main reasons you did not look for another full time job? (PROBE: What else?) IF MORE THAN ONE: Which one of these is most important reason you did not look for another full-time job?

(IF D8 < 30 HOURS): What were the main reasons you did not look for a full time job? (PROBE: What else?) IF MORE THAN ONE: Which one of these is most important reason you did not look for a full-time job?

REASON #1	CODE IF MOST IMPORTANT REASON: []
REASON #2	CODE IF MOST IMPORTANT REASON: []
REASON #3	CODE IF MOST IMPORTANT REASON: []

IF R IS CURRENTLY WORKING (D2=1), GO TO D16. ELSE, ASK D15.

D15. Some people may not be able to get a job even if they want to work. Other people may have personal reasons for not working for pay. Why are you not working for pay? (PROBE: Any other reasons?) IF MORE THAN ONE REASON: Which one of these is the most important reason?

REASON #1	CODE IF MOST IMPORTANT REASON: []
REASON #2	CODE IF MOST IMPORTANT REASON: []
REASON #3	CODE IF MOST IMPORTANT REASON: []

D16. How many other jobs have you had since (RAD)?

_____ JOBS

DON'T KNOW -1

REFUSED -2

IF NUMBER OF JOBS EQUALS 0, GO TO SECTION E.

	SECOND MOST RECENT JOB	THIRD MOST RECENT JOB	FOURTH MOST RECENT JOB
D17. (If D16 = 1): What other job have you had since (RAD)? (IF D16 > 1 AND D2 = 1): What other jobs have you had since (RAD)? Let's begin with the one before the current one. (PROBE: And the next most recent job?) (IF D16 > 1 AND D2 NE 1): What other jobs have you had since (RAD)? Let's begin with the one before the most recent one. (PROBE: And the next most recent job?)	JOB: _____ NOTE: IF R REFUSES TO NAME PLACE OF EMPLOYMENT, OBTAIN GENERAL DESCRIPTOR FOR REFERENCE IN REMAINING QUESTIONS.	JOB: _____ NOTE: IF R REFUSES TO NAME PLACE OF EMPLOYMENT, OBTAIN GENERAL DESCRIPTOR FOR REFERENCE IN REMAINING QUESTIONS.	JOB: _____ NOTE: IF R REFUSES TO NAME PLACE OF EMPLOYMENT, OBTAIN GENERAL DESCRIPTOR FOR REFERENCE IN REMAINING QUESTIONS.
D18. (If D16 = 1): When did you start and end (JOB)? (IF D16 > 1 AND D2 = 1): I'd like to ask you questions about those jobs you had before your current job. When did you start and end (JOB)? (IF D16 > 1 AND D2 NE 1): I'd like to ask you questions about those jobs you had before your most recent job. When did you start and end (JOB)?	START: ____/____ MONTH YEAR END: ____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2 STILL WORKING 77/77	START: ____/____ MONTH YEAR END: ____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2 STILL WORKING 77/77	START: ____/____ MONTH YEAR END: ____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2 STILL WORKING 77/77
D19. (IF D18 = STILL WORKING): Including overtime, how many hours per week do you work on this job at (EMPLOYER NAME)? (IF D18 NE STILL WORKING): Including overtime, how many hours per week did you work on this job at (EMPLOYER NAME)?	HOURS/WEEK _____ DON'T KNOW -1 REFUSED -2	HOURS/WEEK _____ DON'T KNOW -1 REFUSED -2	HOURS/WEEK _____ DON'T KNOW -1 REFUSED -2

	SECOND MOST RECENT JOB	THIRD MOST RECENT JOB	FOURTH MOST RECENT JOB
D20. (IF D18 = STILL WORKING): How much are your earnings now, before taxes and other deductions? Please include tips, commissions, and regular overtime pay. (IF D18 NE STILL WORKING): How much were your earnings before you left, before taxes and other deductions? Please include tips, commissions, and regular overtime pay.	\$ _____ DON'T KNOW -1 REFUSED -2 NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC. IF R'S EARNINGS VARY, PROBE FOR AVERAGE EARNINGS IN A <u>TYPICAL</u> MONTH.	\$ _____ DON'T KNOW -1 REFUSED -2 NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC. IF R'S EARNINGS VARY, PROBE FOR AVERAGE EARNINGS IN A <u>TYPICAL</u> MONTH.	\$ _____ DON'T KNOW -1 REFUSED -2 NOTE: 'OTHER DEDUCTIONS' MAY INCLUDE THE COST OF UNIFORMS, ETC. IF R'S EARNINGS VARY, PROBE FOR AVERAGE EARNINGS IN A <u>TYPICAL</u> MONTH.
D21. (IF D18 = STILL WORKING): Is that... (IF D18 NE STILL WORKING): Was that...	Per hour 1 Per day 2 Per week 3 Every 2 weeks 4 Twice a month 5 Per month 6 Per unit (SPECIFY): 7	Per hour 1 Per day 2 Per week 3 Every 2 weeks 4 Twice a month 5 Per month 6 Per unit (SPECIFY): 7	Per hour 1 Per day 2 Per week 3 Every 2 weeks 4 Twice a month 5 Per month 6 Per unit (SPECIFY): 7
D22. (IF D18 = STILL WORKING): Just to confirm, is that before or after taxes? (IF D18 NE STILL WORKING): Just to confirm, was that before or after taxes?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2
ASK ONLY IF D21 = PER DAY (2): D23a (IF D18 = STILL WORKING): How many days per week do you work? (IF D18 NE STILL WORKING): How many days per week did you work?	DAYS WORKED DON'T KNOW -1 REFUSED -2	DAYS WORKED DON'T KNOW -1 REFUSED -2	DAYS WORKED DON'T KNOW -1 REFUSED -2

D24a. For many people, keeping some of their income assistance at the same time they were working was very important to their decision to find or keep a job. Was it very important, somewhat important, or not important at all to your decision to find and keep a job?

VERY IMPORTANT	1
SOMEWHAT IMPORTANT	2
NOT IMPORTANT AT ALL	3
NOT APPLICABLE	4
DON'T KNOW	-1
REFUSED	-2

NOTE: 'NOT APPLICABLE' CATEGORY CAN BE USED IF R HAS NOT RECEIVED INCOME ASSISTANCE.

D24b. How important was help with child care costs while working? Was it very important, somewhat important, or not important at all to your decision to find and keep a job?

VERY IMPORTANT	1
SOMEWHAT IMPORTANT	2
NOT IMPORTANT AT ALL	3
NOT APPLICABLE	4
DON'T KNOW	-1
REFUSED	-2

NOTE: 'NOT APPLICABLE' CATEGORY CAN BE USED IF R HAS NOT RECEIVED INCOME ASSISTANCE.

MINNESOTA FAMILY INVESTMENT PROGRAM WAVE 2 QUESTIONNAIRE
SECTION B: EDUCATIONAL ATTAINMENT

These next questions are about different kinds of schools you might have attended, and about different licenses or certificates you might have.

	IF B1 = YES, ASK:
B1. Do you have:	B2. When did you receive it? (NOTE: IF R HAS MORE THAN ONE, ASK FOR DATE OF MOST RECENT.)
a. a trade license? YES 1 NO 2 DON'T KNOW -1 REFUSED -2	____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2
b. a GED certificate? YES 1 NO 2 DON'T KNOW -1 REFUSED -2	____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2
c. a high school diploma? YES 1 NO 2 DON'T KNOW -1 REFUSED -2	____/____ MONTH YEAR DON'T KNOW -1 REFUSED -2

IF R HAS A HIGH SCHOOL DIPLOMA OR A GED, ASK B3. OTHERWISE, GO TO SECTION C.

B3. Do you have any college or university degrees?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED -2

B4. Which ones? (CODE ALL THAT APPLY. READ LIST IF NECESSARY. CODE 'OTHER' IS R IS UNABLE TO CLASSIFY TYPE OF DEGREE EARNED.)

Associate's degree 1
Bachelor's degree 2
Master's degree 3
Other degree (SPECIFY) 4

B5. FOR EACH DEGREE IN B4: When did you receive your (DEGREE)?

_____/_____
MONTH YEAR

DON'T KNOW -1
REFUSED -2

NOTE: IF R HAS MORE THAN ONE, ASK FOR DATE OF MOST RECENT ONE.

IF B4 = BACHELOR'S OR MASTER'S DEGREE OR BOTH, GO TO SECTION C. ELSE, ASK B6.

B6. IF B3 = NO, DK, OR RE: Since (RAD), have you earned any credits toward an associate's or a bachelor's degree?

ELSE: Since (RAD), have you earned any credits toward a bachelor's degree?

YES 1
NO 2
DON'T KNOW -1
REFUSED -2

Employment:

Hard Skills

(from the Panel Study on Income Dynamics)

1. How much formal education is required these days to get a job like yours?

- 1 0-5 GRADES
- 2 6-8 GRADES; GRADE SCHOOL
- 3 9-11 GRADES; SOME HIGH SCHOOL; JUNIOR HIGH
- 4 12 GRADES: HIGH SCHOOL
- 5 12 GRADES PLUS NONACADEMIC TRAINING
- 6 COLLEGE; NON DEGREE NECESSARY; ASSOCIATION DEGREE
- 7 COLLEGE, DEGREE; BA OR BS
- 8 COLLEGE; ADVANCED OR PROFESSIONAL DEGREE
- 9 NOT APPLICABLE; DON'T KNOW
- 0 NOT WORKING FOR MONEY NOW AT ALL

2. Is it (also) necessary to have some work experience or special training to get a job like yours?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE; DON'T KNOW

3. On a job like yours, how long would it take the average new person to become fully trained and qualified.

- 1 — WEEKS, OR
- 2 — MONTHS, OR
- 3 — YEARS

OPTIONAL:

BARRIERS TO EMPLOYMENT JOBS 5-YEAR SURVEY

Some women find that some of the people who are important to them don't want them to work. Some of these women have said people such as their husbands or boyfriends, friends, or other family member did things that made it difficult to find or keep a job. Here is a list of those things. I'd like to know what was true for you.

1. Has it ever been difficult for you to find or keep a job because someone tried to discourage you from finding a job or going to work? (CIRCLE ONE)

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 2

2. Has it ever been difficult for you to find or keep a job because someone made you feel guilty about working? (CIRCLE ONE)

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 3

3. Has it ever been difficult for you to find or keep a job because someone refused to help you, or went back on promises to help you, with child care, transportation, or housework? (CIRCLE ONE)

1 YES
2 NO

TURN TO
THE
NEXT PAGE

Who made it difficult? (CIRCLE ALL THAT APPLY)

1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

4. Has it ever been difficult for you to find or keep a job because someone made it difficult for you to attend or complete programs or classes that would help you get a good job? (CIRCLE ONE)

1 YES
2 NO

GO TO QUESTION 5

Who made it difficult? (CIRCLE ALL THAT APPLY)

1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

5. Has it ever been difficult for you to find or keep a job because someone harassed you with telephone calls at your job? (CIRCLE ONE)

1 YES
2 NO

GO TO QUESTION 6

Who made it difficult? (CIRCLE ALL THAT APPLY)

1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

6. Has it ever been difficult for you to find or keep a job because someone has shown up at your job and harassed or bothered you? (CIRCLE ONE)

- 1 YES
2 NO

TURN TO
THE
NEXT PAGE

GO TO QUESTION 7

7. Has anyone ever caused you to lose or quit your job? (CIRCLE ONE)

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 8

8. Has anyone ever prevented you from finding a job or going to work? (CIRCLE ONE)

- 1 YES
2 NO

Who made it difficult? (CIRCLE ALL THAT APPLY)

- 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

GO TO QUESTION 9

BEST COPY AVAILABLE

9. Think about the people whose opinions you listen to the most. Did you ever have disagreement with anyone whether or not you worked?
(CIRCLE ONE)

- 1 YES
2 NO

TURN TO
THE
NEXT PAGE

9a Who did you disagree with? (CIRCLE ALL THAT APPLY)

- 1 YOUR HUSBAND/BOYFRIEND
2 YOUR FRIEND(S)
3 OTHER FAMILY MEMBER
4 SOMEONE ELSE

9b. Did you disagree because you wanted to work and they didn't want you to work?
(CIRCLE ONE)

- 1 YES
2 NO

These next questions have to do with whether or not certain things have ever happened to you.

10. Did anyone ever: (CIRCLE ALL THAT APPLY)

- 1 YELL AT YOU ALL THE TIME OR PUT YOU DOWN ON PURPOSE
- 2 TRY TO CONTROL YOUR EVERY MOVE
- 3 INSULT OR SWEAR AT YOU
- 4 THREATEN YOU WITH PHYSICAL HARM
- 5 HIT, SLAP, KICK, OR OTHERWISE PHYSICALLY HARM TO
- 6 NONE OF THESE THINGS HAVE EVER HAPPENED TO ME

GO TO QUESTION 13

11. Was the person or people who did these things your:

(CIRCLE ALL THAT APPLY)

- 1 HUSBAND/EX-HUSBAND
- 2 BOYFRIEND/EX-BOYFRIEND
- 3 FEMALE PARTNER (CURRENT OR PAST)
- 4 OTHER, PLEASE EXPLAIN:

12. How long ago did the most recent event happen? (CIRCLE ONE)

- 1 THIS WEEK
- 2 A WEEK AGO
- 3 A MONTH AGO
- 4 SIX MONTHS AGO
- 5 A YEAR AGO
- 6 MORE THAN A YEAR AGO

OPTIONAL:**FROM DRAFT SURVEY OF PROGRAM DYNAMICS****11. Knowledge of and attitude towards welfare programs**

11.1 Here are some opinions that people have expressed about welfare. For each of the following statements, please circle the ONE number that best describes your opinion.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
11.1a Welfare makes people work less than they would if there wasn't a welfare system	1	2	3	4	5
11.1b Welfare helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family.	1	2	3	4	5
11.1c Welfare encourages young women to have babies before marriage.	1	2	3	4	5
11.1d Welfare helps to prevent hunger and sickness.	1	2	3	4	5
11.1e People on welfare just don't want to work.	1	2	3	4	5
11.1f Welfare allows mothers to take care of their children themselves instead of putting them in day care.	1	2	3	4	5
11.1g Because of welfare, an unmarried couple expecting a baby is less likely to get married.	1	2	3	4	5
11.1h Welfare provides more for a family than many jobs do.	1	2	3	4	5
11.1i Because of welfare, fathers are less likely to support their children.	1	2	3	4	5

- 11.2 As far as you know, how much can a woman with one child get from welfare in your state?
- \$ _____ per week/ month/ year (*circle one*)
_____ Don't know
- 11.3 In your state, can a married woman qualify for welfare if her husband is living with her?
- 1 Yes
2 No
3 Don't know
- 11.4 In your state, if a mother on welfare has another birth, does her welfare check increase, decrease or stay the same?
- 1 Increase
2 Decrease
3 Stay the same
4 Don't know
- 11.5 In your state, how many months or years in all can a parent receive assistance from welfare?
- _____ months OR _____ years OR _____ Don't know
- 11.6 What is the welfare rule in your state for where a teenager (age 17 or younger) who has a baby can live?
- 1 She can get her own apartment
2 She must live with her parents
3 She must live with her parents unless she gets a court order to live with another adult
4 Don't know
- 11.7 What is the welfare rule in your state for school attendance for a teenager (age 17 and younger) who has a baby?
- 1 She can stay at home with her baby until the time limit for welfare runs out
2 She is required to return to school when the baby is one month old
3 Don't know

BEST COPY AVAILABLE

FAMILY FORMATION

FROM NEW HOPE SURVEY:

SECTION C: HOUSEHOLD COMPOSITION AND INCOME

Now I have a few questions about you and your family

53 Thinking back to your living situation when you applied to New Hope in (RA MONTH/YEAR), have any of the following things happened in your life during the two years since then? [FOR EACH "YES," PROMPT in approximately what month and year did that occur? IF MULTIPLE OCCURRENCES, RECORD DATE OF EACH]

	YES	NO	Month	Year	Month	Year
a. You got married?.....	1	2	___	19___	___	19___
b. You got separated or divorce?.....	1	2	___	19___	___	19___
c. You <u>started</u> living with a (girlfriend/ boyfriend) or partner?.....	1	2	___	19___	___	19___
d. You <u>stopped</u> living with a (girlfriend/ boyfriend) or partner?.....	1	2	___	19___	___	19___
e. You had a child?.....	1	2	___	19___	___	19___
f. A minor child of yours left and went to live somewhere else?.....	1	2	___	19___	___	19___
g. A minor child of yours <u>returned home</u> after living somewhere else?.....	1	2	___	19___	___	19___
h. You moved in with another household because you needed a place to live?.....	1	2	___	19___	___	19___
i. You took in family or friends because <u>they</u> needed a place to live?.....	1	2	___	19___	___	19___
j. You set up you own household, so you wouldn't have to share a place with family or friends?.....	1	2	___	19___	___	19___

54 And, what is your current marital status? Are you ...

- (Never married,) 1
- Married and living with your spouse, ... 2 [56]
- Married and living apart, ... 3
- Legally separated, ... 4
- Divorced, or 5
- Widowed? 6

55 Are you currently living with a (girlfriend/boyfriend) or partner?

- YES 1
- NO 2

FAMILY FORMATION:

Add to Question 53 on previous page:

1. You became pregnant (or got someone pregnant).
56. Are you currently pregnant (OR is your spouse/partner currently pregnant)?
YES 1
NO 2

QUESTIONS ON NONMARITAL BIRTHS:

For females:

1. [Skip Pattern] If you are married and you had a child in the past two years/since random assignment:

Were you:

- a. married to the father of your child when the child was born?

YES 1 (skip)

NO 2

or,

- b. have you married the father of your child since the child was born?

YES 1

NO 2

For males:

2. [Skip Pattern] If you are married and you had a child in the past two years/since random assignment:

Were you:

- a. married to the mother of the child when the child was born?

YES 1 (skip)

NO 2

or,

- b. have you married the mother of your child since the child was born?

YES 1

NO 2

PSYCHOLOGICAL WELL-BEING

20-ITEM CENTER FOR EPIDEMIOLOGIC STUDIES - DEPRESSION SCALE

SECTION K

3. The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle the number that best describes how often you felt or behaved this way for each statement -- during the past week. The numbers have the following meanings:

- 1 means rarely or none of the time, that is, less than one day this past week;
- 2 means some or a little of the time, that is, one to two days this past week;
- 3 means occasionally or a moderate amount of time, that is, three to four days; and
- 4 means most or all of the time, that is, five to seven days.

DURING THE PAST WEEK:		RARELY (LESS THAN 1 DAY)	SOME (1-2 DAYS)	OCCASIONALLY (3-4 DAYS)	MOST (5-7 DAYS)
a.	I was bothered by things that usually don't bother me.	1	2	3	4
b.	I did not feel like eating; my appetite was poor.	1	2	3	4
c.	I felt that I could not shake off the blues even with help from my family and friends	1	2	3	4
d.	I felt that I was just as good as other people.	1	2	3	4
e.	I had trouble keeping my mind on what I was doing.	1	2	3	4
f.	I felt depressed.	1	2	3	4
g.	I felt that everything I did was an effort	1	2	3	4
h.	I felt hopeful about the future	1	2	3	4
i.	I thought my life had been a failure	1	2	3	4
j.	I felt fearful	1	2	3	4
k.	My sleep was restless	1	2	3	4
l.	I was happy.	1	2	3	4
m.	I talked less than usual.	1	2	3	4
n.	I felt lonely.	1	2	3	4

SECTION K

3. The following questions are asked to find out how you have felt about yourself and your life during the past week. There are no right or wrong answers.

Please circle the number that best describes how often you felt or behaved this way for each statement -- during the past week. The numbers have the following meanings:

- 1 means rarely or none of the time, that is, less than one day this past week;
- 2 means some or a little of the time, that is, one to two days this past week;
- 3 means occasionally or a moderate amount of time, that is, three to four days; and
- 4 means most or all of the time, that is, five to seven days.

DURING THE PAST WEEK:		RARELY (LESS THAN 1 DAY)	SOME (1-2 DAYS)	OCCASIONALLY (3-4 DAYS)	MOST (5-7 DAYS)
o.	People were unfriendly	1	2	3	4
p.	I enjoyed life.	1	2	3	4
q.	I had crying spells.	1	2	3	4
r.	I felt sad.	1	2	3	4
s.	I felt that people disliked me.	1	2	3	4
t.	I could not get "going"	1	2	3	4

BEST COPY AVAILABLE

ABSENT PARENT INVOLVEMENT

Absent Parent Involvement Core Questions:

1. Whether Child Support Provided

(from the National Survey of America's Families):

IS CHILD1 A FOSTER CHILD (SEE ROSTER)?

YES → GO TO NEXT BLUE SECTION

NO → CONTINUE

IS CHILD1'S BIOLOGICAL/ADOPTIVE FATHER IN THE
HOUSEHOLD (SEE ROSTER)?

YES → CONTINUE

NO → GO TO H1-R1

DOES CHILD1 HAVE TWO ADOPTIVE PARENTS IN THE
HOUSEHOLD (SEE ROSTER)?

YES → GO TO NEXT BLUE SECTION

NO → CONTINUE

ARE CHILD1'S BIOLOGICAL/ADOPTIVE PARENT'S MARRIED
AND LIVING IN THE HOUSEHOLD (SEE ROSTER)?

YES → GO TO NEXT BLUE SECTION

NO → GO TO BOX H7-R1

DK → GO TO BOX H7-R1

H1-R1. Does (CHILD1) have a biological or adoptive father who lives somewhere else?

YES 1 (GO TO H2-R1)

NO 2 (GO TO BOX H9-R1)

H3-R1. Does (CHILD1)'s biological father make financial contributions in order to support (CHILD1)?

YES 1

NO 2

H4-R1. Is (CHILD1) covered by a child support order?

YES 1

NO 2 (GO TO BOX H7-R1)

DOES CHILD1'S BIOLOGICAL FATHER MAKE
FINANCIAL CONTRIBUTION (H3-R1 = 1)?

YES 1 (CONTINUE)

NO 2 (GO TO BOX H7-R1)

H5-R1. In a typical month, how much of this child support order is actually paid? Would you say..

The full amount 1

A partial amount 2

Or none 3 (GO TO BOX H7-R1)

H6-R1. Does the other parent make these payments directly to you or the court or other public agency?

Directly to custodial parent guardian 1

To court, public agency 2

Other (specify) _____ 91

BOX H7-R1

DOES CHILD HAVE AN UNMARRIED, ADOPTIVE PARENT IN THE HOUSEHOLD?

YES 1 (GO TO BOX H9-R1)
NO 2 (CONTINUE)

IS THE MKA CHILD1'S BIOLOGICAL MOTHER OR FATHER?

YES 1 (CONTINUE)
NO 2 (GO TO H7-R1)

HAS THE MKA EVER BEEN MARRIED?

YES 1 (GO TO H7R1)
NO 2 (GO TO H8-R1)

H7-R1.

Were you married to (CHILD)'s (father/mother)/Were CHILD1's mother and father married) (he/she) was born?

YES 1 (GO TO BOX H9-R1)
NO 2 (CONTINUE)

BOX H9-R1

IF CHILD1'S BIOLOGICAL/ADOPTIVE MOTHER IS NOT IN THE HOUSEHOLD, GO TO H9-R1. ELSE, GO TO NEXT BLUE SECTION.

H9-R1.

Does (CHILD1) have a (biological/biological or adoptive) mother who lives somewhere else?

YES 1
NO 2 (GO TO NEXT BLUE SECTION)

H11-R1.

Does (CHILD1)'s mother make financial contributions in order to support (CHILD1)?

YES 1
NO 2

H12-R1. Is (CHILD1) covered by a child support order?

YES 1

NO 2 (GO TO NEXT BLUE SECTION)

BOX H13-R1

IF CHILD1'S MOTHER MAKES FINANCIAL CONTRIBUTIONS
(H11-R1 = 1), GO TO H13-R1. ELSE, GO TO NEXT BLUE SECTION.

H13-R1. In a typical month, how much of this child support order is actually paid? Would you say...

The full amount 1

A partial amount, or 2

None 3 (GO TO NEXT BLUE SECTION)

H14-R1. Does the other parent make these payments directly to you or to the court or other public agency?

DIRECTLY TO CUSTODIAL

PARENT/GUARDIAN 1

TO COURT, PUBLIC AGENCY .. 2

OTHER (SPECIFY)_____ 91

ANOTHER OPTION FOR CHILD SUPPORT FROM JOBS DESCRIPTIVE STUDY SURVEY:

28. Have child support payments for (child) ever been agreed to or awarded to you? (if child's father lives in household, skip to q. 42a)
- 1 YES
 - 2 NO (skip to q. 35)
29. Was the child support agreement or award a voluntary written agreement, or was it court-ordered?
- 1 VOLUNTARY WRITTEN AGREEMENT
 - 2 COURT-ORDERED
 - 3 OTHER: _____
30. In what year were these payments for (child) first agreed to or awarded?
- 19__
31. In what state was the award made?
- _____
32. During the past year, were you supposed to receive any child support payments for (child)?
- 1 YES
 - 2 NO (SKIP TO Q. 35)
 - 3 IN JAIL DURING ENTIRE PAST YEAR (SKIP TO Q. 37)
33. Is money for child support withheld from (child's) father's paycheck by his employer?
- 1 YES
 - 2 NO
 - 3 NO EMPLOYER
 - 4 DON'T KNOW
34. Does (child's) father give money for (child's) expenses to the welfare office only, to you directly, to both you and the welfare office, or doesn't he ever give you any money (circle one only)?
- 1 YES, MONEY TO WELFARE OFFICE ONLY (SKIP TO Q. 38)
 - 2 YES, MONEY TO R ONLY (ASK Q. 35)
 - 3 MONEY TO BOTH R AND WELFARE OFFICE (ASK Q. 35)
 - 4 GIVES NO MONEY (SKIP TO Q. 38)
 - 5 (IF OFFERED) YES, MONEY TO RESPONDENT; DON'T KNOW ABOUT WELFARE OFFICE (ASK Q. 35)
 - 6 DON'T KNOW (ASK Q. 35)

35. Now, I'd like to ask you some questions about money that (child's) father gives to you directly for (child). During the past 12 months, has (child's) father given you money for (child) regularly, so that you could count on almost always getting the money? Please do not include money paid through the welfare office.

- 1 YES
- 2 NO (skip to q. 37)
- 3 REFUSED

2. Paternity Establishment (from JOBS 2-Year Survey)

CC5. A child's natural birth father can be made the child's legal father by going to a judge in a court or going to the child support system, to establish paternity. Have you either gone to court or gone to a child support office to have (child's) father made (his/her) legal father?

- 01 YES, JUDGE OR COURT
- 02 YES, CHILD SUPPORT OFFICE
- 03 YES, BOTH
- 04 NO NEED TO ESTABLISH PATERNITY: FATHER SIGNED BIRTH CERTIFICATE-
-SKIP NEXT TWO QUESTIONS
- 05 OTHER (SPECIFY)_____
- 06 NO--SKIP OVER NEXT TWO QUESTIONS

CC6. How old was (child) when this happened?
____ YEARS and ____ MONTHS

CC7. As a result of this, was he judged to be (child's) legal father?

- 1 YES
- 2 NO
- 3 IN PROCESS
- 4 DON'T KNOW

3. Frequency of Contact with Child

From Panel Study on Income Dynamics Child Supplement:

- J6. (RB P. 27) During the past 12 months, about how often did (CHILD) talk on the telephone or receive a letter from (his/her) father or mother? Would you say not at all, about once a year, several times a year, one to three times a month, about once a week, or several times a week?

1. NOT AT ALL

2. ABOUT ONCE A YEAR

3. SEVERAL TIMES A YEAR

4. ONE TO THREE
TIMES A MONTH

5. ABOUT ONCE A
WEEK

6. SEVERAL TIMES A
WEEK

- J7. In what month and year did (CHILD) last see (him/her)?

_____/_____
MONTH YEAR

(GO TO J11)→

NEVER

- J8. INTERVIEWER CHECKPOINT:

HAS FATHER/MOTHER SEEN (CHILD) IN LAST 12 MONTHS?

1. YES

5. NO

→ TURN TO PAGE 66, J16

- J9. (RB, P. 27) During the past 12 months, how often did (CHILD) see (his/her) father/mother?

1. NOT AT ALL

2. ABOUT ONCE A YEAR

3. SEVERAL TIMES A YEAR

4. ONE TO THREE
TIMES A MONTH

5. ABOUT ONCE A
WEEK

6. SEVERAL TIMES A
WEEK

- J10. How many days did (CHILD) stay with (his/her) father/mother during the past 12 months?
_____ NUMBER OF DAYS

STABILITY/TURBULENCE

FROM NEW HOPE SURVEY:

SECTION C: HOUSEHOLD COMPOSITION AND INCOME

Now I have a few questions about you and your family

- 53 Thinking back to your living situation when you applied to New Hope in (RA MONTH/YEAR), have any of the following things happened in your life during the two years since then? [FOR EACH "YES," PROMPT in approximately what month and year did that occur? IF MULTIPLE OCCURRENCES, RECORD DATE OF EACH]

	YES	NO	Month	Year	Month	Year
a. You got married?.....						
b. You got separated or divorce?.....	1	2	___	19___	___	19___
c. You <u>started</u> living with a (girlfriend/ boyfriend) or partner?.....	1	2	___	19___	___	19___
d. You <u>stopped</u> living with a (girlfriend/ boyfriend) or partner?.....	1	2	___	19___	___	19___
e. You had a child?.....	1	2	___	19___	___	19___
f. A minor child of yours left and went to live somewhere else?.....	1	2	___	19___	___	19___
g. A minor child of yours <u>returned home</u> after living somewhere else?.....	1	2	___	19___	___	19___
h. You moved in with another household because you needed a place to live?.....	1	2	___	19___	___	19___
i. You were homeless or had to stay at a shelter for homeless people?.....	1	2	___	19___	___	19___
j. You took in family or friends because <u>they</u> needed a place to live?.....	1	2	___	19___	___	19___
k. You set up your own household, so you wouldn't have to share a place with family or friends?.....	1	2	___	19___	___	19___

54 And, what is your current marital status? Are you ...

(Never married,) 1
Married and living with your spouse, ... 2 [56]
Married and living apart, ... 3
Legally separated, ... 4
Divorced, or 5
Widowed? 6

55 Are you currently living with a (girlfriend/boyfriend) or partner?

YES 1
NO 2

101 How many times altogether have you moved since (RA MONTH/YEAR), including your most recent move?

NUMBER OF TIMES _ _

102 In what month and year did (this/your most recent) move occur?

_ _ MONTH 19 _ _

FROM: EARLY HEAD START DRAFT PARENT INTERVIEW

8.8 Since RA, have there ever been periods of one week or more when you and (CHILD) did not live together, either because you were away from home or (CHILD) was away from the home?

YES 01
NO 00 → GO TO SECTION 9

8.9 Since RA, how many times have you and (CHILD) been separated for a week or more?

|_|_| TIMES

A. And, altogether, how many weeks were you separated?

|_|_| WEEKS

8.10

C. Why were you and (CHILD) separated?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

CHILD'S ILLNESS 01
COURT OR AGENCY REMOVED CHILD
FROM HOME 02
MOTHER'S WORK SCHEDULE 03
MOTHER INSTITUTIONALIZED/JAILED . 04
MOTHER MOVED ELSEWHERE 05
MOTHERS VACATION 06
OTHER (SPECIFY) 07

OTHER (SPECIFY) 08

E. Where did (CHILD stay during (that/those) separation(s)?

PROBE: Any place else?

CIRCLE ALL THAT APPLY

WITH CHILD'S OTHER PARENT 01
WITH MATERNAL GRANDPARENT 02
WITH PATERNAL GRANDPARENT 03
WITH OTHER RELATIVE/FRIEND 04
WITH FOSTER PARENT 05
IN INSTITUTION/GROUP HOME 06
IN HOSPITAL 07
OTHER (SPECIFY) 08

OTHER (SPECIFY) 09

OPTIONAL

Stability/turbulence:

Children's living arrangements:

States may wish to ask parents about the living arrangements of all of their children. The questions from the Early Head Start Parent Interview could be reworded as follows:

8.8a. Since (random assignment), have there ever been periods of one month or more when you and (your children/any of your children) did not live together, either because you were away from home or (your child/any of your children) was/were away from the home?

YES 1

NO 2

8.8b. (if yes) Which child was that? Who else? (for each child ask 8.9 through 8.10e)

CONSUMPTION

FROM NEW HOPE SURVEY

PERCENT INCOME SPENT ON RENT:

109. Altogether, in (PRIOR MONTH), what did your household spend on housing? Include rent or mortgage, and, if applicable, home insurance and property taxes.

HOUSING EXPENDITURES	\$ _____
REFUSED	7) [111]
DON'T KNOW	8) [111]

110. Did that housing expenditure in (PRIOR MONTH) include any utilities, such as gas, heat, or electricity?

1. Yes
2. No

FROM NATIONAL SURVEY OF AMERICA'S FAMILIES

BOX G52

WAS MKA WORKING, LOOKING FOR A JOB, OR IN SCHOOL WHILE CHILD 1 OR CHILD2 WAS IN CARE (G3 = 1 OR G5 = 1 OR G9 = 1 OR G11 = 1 OR G17 = 1 OR G24 = 1 OR G27 = 1 OR G32 = 1 OR G34 = 1 OR G40 = 1 OR G48 = OR G51 = 1)

YES 1 (CONTINUE)
NO 2 (GO TO SECTION H)

PERCENT OF INCOME SPENT ON CHILD CARE

SECTION G: CHILD CARE (ALL CHILDREN) (WHITE)

G52. Now think about all the child care arrangements and programs you use regularly for [(CHILD 1)/(CHILD2)/all your children under age 13) while you worked, were in school or looked for work. How much did you pay for all child care arrangements and programs used in the last month (or, if it is easier for you, in a typical week of the last month)?

\$ _____ per month

[OR \$ _____ per week]

NO PAYMENT IN LAST MONTH OR WEEK (GO TO G54)

G53. Is the amount of money you are charged for any of your children's child care arrangements determined by how much money you earn? [If necessary, probe: Do you pay a sliding fee amount for any of these arrangements?]

1. Yes
2. No

G54. Does anyone else pay for all or part of the cost of any of your children's care? By this I mean a government agency, your employer or someone outside your household.

1. Yes
2. No [GO TO SECTION H]

G55. Who or what agency helps to pay for child care?
[CODE ALL THAT APPLY]

1. WELFARE OR SOCIAL SERVICES
2. EMPLOYER
3. ONE OF THE CHILDREN'S NON-CUSTODIAL PARENTS
91. OTHER (SPECIFY) _____

**USE OF HEALTH AND
HUMAN SERVICES**

FROM JOBS 5-YEAR SURVEY

J3. In (PRIOR MONTH), did you or anyone else in your household receive any **Food Stamps**?

- 1067 1 YES
2 NO → SKIP TO J4.

J3a. Did you receive Food Stamps? CIRCLE ANSWER ON GRID BELOW.

J3b. Did anyone else in your household receive Food Stamps? CIRCLE ANSWER ON GRID BELOW.

J3c. FOR EACH "YES" IN J3a/b ON THE GRID BELOW: During (PRIOR MONTH), how much did (you/all of the other people in your household) receive in Food Stamps? ROUND TO NEAREST DOLLAR. READ J3d IF AMOUNT IS UNKNOWN.

WHO RECEIVED STAMPS?		J3c. AMOUNT	J3d. Do you think it was:
J3a. RESPONDENT	68 1 YES 2 NO	Amount \$ _____ 69-74 IF DON'T KNOW →	1 \$100 or less 75 2 \$101 to \$150 3 \$151 to \$200, or 4 more than \$200?
J3b. OTHERS IN HOUSEHOLD	1108 1 YES 2 NO	Amount \$ _____ 9-14 IF DON'T KNOW →	1 \$100 or less 15 2 \$101 to \$150 3 \$151 to \$200, or 4 more than \$200?

SKIP
1076-78
79-80 10

FROM JOBS 2-YEAR SURVEY

DD8. Is (CHILD) covered under (his/her) father's medical insurance policy or health plan?

DDDADINS

1 YES

2 NO

7 DON'T KNOW

DD9. Is (CHILD) now covered by (CODE ALL THAT APPLY)...?

DDDVTTINS	a. a private insurance plan that pays any of (his/her) medical bills?	1	2	17
-----------	--	---	---	----

DDHMO	b. An HMO?	1	2	18
-------	------------	---	---	----

DDMEDICD	c. (Medical/Medical) that is, do you have a valid medical card that covers medical bills for (him/her)?	1	2	19
----------	---	---	---	----

I am now going to ask some questions about health insurance coverage for you.

In (PRIOR MONTH) were you covered by (Medicaid/Medical)?

20 1 YES

2 NO

In (PRIOR MONTH) were you covered by any kind of private health insurance?

21 1 YES

2 NO

7 DON'T KNOW

FROM JOBS 5-YEAR SURVEY

G. TRANSITIONAL BENEFITS AND CHILD CARE

INTERVIEWER: HAS R EVER WORKED SINCE RAD?

- | | | | |
|---|-----|---|------------|
| 1 | YES | → | CONTINUE |
| 2 | NO | → | SKIP TO H1 |

G1. At any time since (RAD), did you stop getting AFDC, that is, Aid to Families with Dependent Children, because you got a new job or your earnings increased at your old job?

- 908 1 YES
 2 NO → SKIP TO H1

G2. While you were employed, were you or your spouse or children covered by (Medicaid/Medical) even after you stopped getting cash aid from AFDC? IF DON'T KNOW, PROBE: Did you or they have a valid (Medicaid/Medical) card at the time?

- 9 1 YES
 2 NO → SKIP TO H1
 3 DON'T KNOW

G3. After you stopped getting cash aid from AFDC, were any of your children under 13 in any kind of child care arrangements -- for example, a baby sitter or day care whether you had to pay for it or not?

- 10 1 YES
 2 NO
 7 DON'T KNOW → SKIP TO H1

G4. Did (LOCAL JOBS PROGRAM) or the welfare department pay any of the cost of that child care?

- 11 1 YES
 2 NO
 7 DON'T KNOW

FROM NATIONAL SURVEY OF AMERICA'S FAMILIES

SECTION F: HEALTH CARE USE AND ACCESS (WHITE)

F15 THROUGH F26 ARE ASKED ABOUT THE SAMPLED ADULT AND CHILD1 AND CHILD2

F15. Now, I'd like to ask you some questions about experiences (you/SPOUSE/PARTNER'S NAME) or (insert names of FC's) may have had getting care in the past 12 months.

During the past 12 months, did (you/SPOUSE/PARTNER'S NAME) or (insert names of Fcs) not get or postpone getting medical care or surgery when you or they needed it?

Yes 1

No 2 (GO TO F18)

F16. Who was that? PROBE: Anyone else?	F17. What was the main reason (you/insert name) did not get care?

CHILD CARE

FROM JOBS 5-YEAR SURVEY

Type of care (Current)

- A4. Now I would like to ask you a few questions about the last full week from Monday to Sunday.

Some mothers use babysitters or day care. Some feel their child can take care of himself or herself. Others use a mix of these. Thinking about the last full week from On Sunday to Sunday, how many hours altogether did (CHILD) take care of (himself/herself)? RECORD WHOLE NUMBER.

NUMBER _____ OR

☐ 994 CHECK BOX IF MORE THAN ZERO
BUT LESS THAN ONE HOUR.

- A5. Thinking about that week, was (CHILD) in any child care arrangement, such as, (a day care center, an after or before school program/summer camp), or with a babysitter including a relative, friend, neighbor, or professional babysitter, at any time during the week? USE EXHIBIT CARD.

33 1 YES
 2 NO → SKIP TO A16

- A6. Think about all that arrangements you used for (CHILD) during that last full week. Were any of these regular arrangements, that is, arrangements you have used at least once a week for the past four weeks?

34 1 YES
 2 NO → SKIP TO A16

FROM JOBS 5-YEAR SURVEY

Type of care (Current)

- A7. What were the regular arrangements you used for (CHILD)? Please tell me the arrangement and the number. What other regular arrangement? USE EXHIBIT CARD AND ENTER CODES BELOW. RECORD THE NUMBER OF ARRANGEMENTS FOR EACH CODE MARKED.

	CODE	HOW MANY?
a	435-36	37-38
b	39-40	41-42
c	43-44	45-46
d	47-48	49-50
e	51-52	53-54
f	55-56	57-58
g	59-60	61-62
h	63-64	65-66

- A8. During that last full week from Monday to Sunday, how many hours did (CHILD) spend altogether in (all of) the care arrangement(s) you mentioned?

NUMBER 67-69

INTERVIEWER: WAS THERE ONLY ONE ARRANGEMENT IN A7?

- 1 YES → SKIP TO A11
2 NO → CONTINUE

- A9. Of the regular child care arrangements you used that week, which did (CHILD) spend the most time in?

71-72

PRIMARY CARE NUMBER CODE

Extent of care:

A10. How many hours did (CHILD) spend there that last full week? IF LESS THAN FIVE HOURS, CONFIRM "PER WEEK."

73-75
NUMBER

Skip 476-78
79-80:84

A5, A7

EXHIBIT CARD

1. CHILD'S FATHER
2. CHILD'S BROTHER OR SISTER (HALF/STEP BROTHERS/SISTER)
3. CHILD'S GRANDPARENT
4. OTHER RELATIVE
5. YOUR SPOUSE/PARTNER
6. NEIGHBOR
7. OTHER NONRELATIVE (INCLUDING PROFESSIONAL BABYSITTERS)

-
8. DAY CARE CENTER OR GROUP DAY CARE CENTER
 9. BEFORE-SCHOOL CARE SPONSORED BY SCHOOL OR CHURCH
 10. AFTER-SCHOOL CARE SPONSORED BY SCHOOL OR CHURCH
 11. SUMMER CAMP
 12. BOY'S/GIRL'S CLUB, YMCA/YWCA, OR LESSON/ACTIVITY

-
13. CHILD CARES FOR SELF AT HOME

FROM JOBS 5-YEAR SURVEY

A11. INTERVIEWER: IS THIS A FORMAL ARRANGEMENT, THAT IS, IS IT COULD 8 THROUGH 12?

- | | | | |
|---|-----|---|-------------|
| 1 | YES | → | CONTINUE |
| 2 | NO | → | SKIP TO A13 |

Quality of Care:

A12. Is there more than one group or room of children in that arrangement?

- | | | |
|-----|---|------|
| 508 | 1 | YES→ |
| | 2 | NO |

A12a. How many children are usually cared for in (CHILD)'s group, including (CHILD)? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

9-11
NUMBER
(SKIP TO A14)

A13. How many children are usually cared for in that arrangement, including (CHILD)? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

NUMBER 12-14

A14. What is the usual number of people caring for your child (and the other children in [CHILD]'s group) in that arrangement? PROBE FOR "AVERAGE" IF RANGE IS GIVEN.

NUMBER 15-16

A15. Is the (main) person who cares for your child in that arrangement:

- | | | |
|----|---|---------------------------|
| 17 | 1 | less than 13 years old, |
| | 2 | 13 to 17, or |
| | 3 | 18 years of age or older? |

FROM JOBS 2-YEAR SURVEY

SECTION AA: HISTORY OF (CHILD)'S CARE

Stability of Care

Now, I'd like to ask you a few questions about (CHILD)'S participation in different child care programs in the past.

AA1.

Has (CHILD) ever attended any of the following programs for a month or more?

AA2.

FOR EACH "YES" IN Q. AA1. ASK:
Did (CHILD) attend (PROGRAM) for a month or more since (RAD)?

		YES	NO		YES	NO		
a. A Head Start program?	AAHDSTRT	1	2	3251	1	AAHDSTR2	2	55
b. Kindergarten?	AAKINDER	1	2	62	1	AAKINDE2	2	56
c. Child care center, nursery school or preschool	AACCPGM	1	2	63	1	AACCPG2	2	57

IF Q. AA2 ALL "NO" OR BLANK, SKIP TO Q. AA4.

AA3. Since (RAD), how many different (teachers/child care providers) has (CHILD) had in (PROGRAM/the programs you just mentioned) for a month or more? If (CHILD) had more than one teacher or child care provider in (his/her) program at any time, please count only the main (teacher/child care provider).

Number of teachers: _____

AA4. Has (CHILD) ever been cared for regularly by a relative or by some other babysitter? Please only count babysitters or relatives who watched over (CHILD) regularly, at least once a week for a month or more.

- 60 1. YES - ASK Q. AA5
2. NO - SKIP TO Q. AA7

AA5. Was (CHILD) cared for by a babysitter or relative at least once a week for a month or more since (RAD)?

- 61 1. YES - ASK Q. AA6
2. NO - SKIP TO Q. AA7

AA6. Since (RAD), how many different persons has (CHILD) had as a babysitter for a month.
Please include here all relatives and other babysitters who cared for (CHILD) for a month.

Number of persons: _____

Child Care Questions (Continued)

Additional Quality of Care Questions

This question should not be asked of centers but should be asked of in-home child care situations.

1. As far as you know, is your child care provider licensed or regulated by the state?

Yes No Don't Know

(Note: The wording of the question (licensed or regulated) may need to be adapted to your particular state policies with regard to family day care homes.

2. Now I am going to ask you about CHILD's and your experience in child care. Please let me know which answer best describes CHILD's and your child care experience.

- a. CHILD feels safe and secure in child care.

Never Sometimes Often Always DK

- b. CHILD gets lots of individual attention.

Never Sometimes Often Always DK

- c. CHILD's teacher is open to new information and learning.

Never Sometimes Often Always DK

Child Care Calendar In-Home Option

We suggest that you use the child care calendar for the youngest children in your sample. These children will most likely be 5, 6 or 7 years of age. For these children it would be reasonable to get information dating back to random assignment. The current set of questions gets information about the child since birth. You will need to alter these questions to address the child's child care history since random assignment. Please note that this section asks the respondent for many different pieces of information. We used this strategy in the JOBS Study in order to have a full picture of the child's life. you could opt to only get some of this information in your child calendar.

Caution: The calendar we are providing has one flaw. Although you get a sense of the total time the child has spent in child care over the last couple years you cannot not determine how many different providers the child has had. This information is crucial especially with regard to stability for the child. In order to capture this information, you will need to make sure that the interviewer puts a mark every time the mother indicates the start of a new child care arrangement. In order to capture this information reliably, you should probably incorporate an additional question asking whether the arrangement the child is in during a particular month is the same or different from the last month.

OPTIONAL

FROM JOBS DESCRIPTIVE STUDY

Section D: CHILD CALENDAR

(REFER TO CHILD CALENDAR.)

I'm going to make a calendar showing the history of (CHILD)'s life. This line shows the month when (he/she) was born. **(DRAW A VERTICAL LINE FOR THE CHILD'S BIRTH DATE AND FOR EVERY BIRTHDAY. LABEL THE BIRTHDAY LINES.)** I am also going to draw a line showing where we are right now. **(DRAW VERTICAL LINE FOR TODAY'S DATE.)**

A1. Have there been any times lasting a month or more when (CHILD) did not live with you?

1. Yes
2. No (SKIP TO Q. B1)

A2. When (CHILD) was not living with you for a month or more, did (he/she) ever spend time living:

	YES	NO	
1. With grandparents		1	2 18
2. With (his/her) father?	1	2	19
3. With other relatives or friends?	1	2	20
4. With foster parents?	1	2	21
5. In an institution or group home?	1	2	22
6. In a hospital?	1	2	23

A3. During which months did (CHILD) live somewhere else? Any others? **(MARK CALENDAR WITH A HORIZONTAL LINE.)**

B1. When (CHILD) was born, were you and (his/her) father . . . ?

1. Married and living together, (SKIP TO Q. B3)
2. Married and living apart,
3. Unmarried and living together, or (SKIP to Q. B3) 24
4. Unmarried and living apart?

- B2. Have (CHILD)'s natural, birth father and (CHILD) ever lived together for a month or more? These could be months when you were also living with (CHILD) or months when you and (CHILD) lived apart.
1. Yes
 2. No (SKIP TO Q. C1)
- B3. Which months have (CHILD) and (his/her) father lived together since (he/she) was born (whether or not you were also living there)? (MARK CALENDAR.)
- C1. Since (CHILD) was born, have you ever worked for pay outside of the home for a month or more? (IF NO, PROBE: A lot of people have occasional jobs or do other things on the side to make ends meet. Have you done any jobs like that for any pay for a month or more since (CHILD) was born?)
- C2. Which months did you work? Any others? (MARK CALENDAR.)
- C3. Were you working full-time during any of these months? By full-time, I mean 35 hours a week or more.
- 1 YES
 - 2 NO (SKIP TO Q. C5)
- C4. Which months did you work 35 hours a week or more? Any others? (MARK CALENDAR.)
- C5. Have you ever done paid work in your own home, for example, babysitting or sewing for a month or more, since (CHILD) was born?
- 1 YES
 - 2 NO (SKIP TO Q. D1)
- C6. Please show me the months when you've worked in your home. Any others? (MARK CALENDAR.)
- D1. Have you ever been enrolled in school or in a job training program for a month or more since (CHILD) was born?
- D2. Which months were you in school or training? Were there any other times? (MARK CALENDAR.)

E1. Has (CHILD) ever been enrolled in: _____

	YES	NO
a. A Head Start program?	1	2
b. Kindergarten?	1	2
c. Child care center, nursery school, or preschool?	1	2

(IF NO TO ALL Q. E1, SKIP TO Q. E5.)

E2. (IF YES TO ANY ITEM IN Q. E1): Which months was (CHILD) in (a Head Start program, kindergarten, child care center, nursery school, or preschool)? Any others? (MARK CALENDAR.)

E3. Was (CHILD) enrolled 35 hours a week or more in: (READ PROGRAMS EVER ATTENDED.)

	YES	NO	NA
a. A Head Start program?	1	2	3
b. Kindergarten?	1	2	3
c. Child care center, nursery school, or preschool?	1	2	3

(IF NO TO ALL OF Q. E3, SKIP TO Q. E5.)

E4. (IF YES TO ANY ITEM IN Q. E3): Please show me the months (CHILD) was enrolled 35 hours a week or more in _____ ? Any other? (MARK CALENDAR.)

E5. Has (CHILD) ever been cared for regularly by a relative such as (his/her) grandmother or by some other babysitter? A babysitter might be a relative, neighbor, or friend who took care of (CHILD) in their home or who came to your home to watch over (CHILD). Please only count babysitter who watched over (CHILD) regularly, at least once a week for a month or more.

1. YES
2. NO (SKIP TO Q. E9)

E6. (IF YES): Which months? Any others? (MARK CALENDAR.)

E7. Was (CHILD) watched over by a babysitter full-time, that is 35 hours a week or more, during any of these months?

1. YES
2. NO (SKIP TO Q. 59)

E8. Please show me the months (CHILD) was watched over by a babysitter 35 hours a week or more? (MARK CALENDAR.)

E9. (IF CHILD NEVER IN A HEAD START PROGRAM, KINDERGARTEN, CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL, OR WITH BABYSITTER, SKIP TO NEXT MODULE.)

Since (CHILD) first went into any kind of regular child care or school program, how many persons has (he/she) has as a (babysitter/child care provider/teacher) for a month or more?

Would you say:

1. Only one
2. Two to five
3. Six to nine
4. Ten to nineteen, or
5. Twenty or more?

BEST COPY AVAILABLE

CHILD CALENDAR

FOR EACH ACTIVITY:
COUNT ONLY TIME PERIODS THAT LASTED A MONTH (4 CONSECUTIVE WEEKS) OR LONGER
IF ACTIVITY OCCURRED FOR PART OF A MONTH, COUNT THE ENTIRE MONTH
IF PERIOD OF ACTIVITY OCCURS ACROSS SEVERAL MONTHS, COUNT ALL OF THE MONTHS

CHILD'S LIFE LINE
DRAW A VERTICAL LINE
LOCAL CHILD'S MONTH
WITH AND DRAW VERTICAL LINES SHOWING
BIRTHDAY

	1996												1997												1998												1999												2000												2001												2002												2003												2004												2005											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC												
Months spent from mother																																																																																																																								
Months with father																																																																																																																								
Months work																																																																																																																								
Months full time work																																																																																																																								
Months worked in home																																																																																																																								
Months in school or training																																																																																																																								
Months in child care center/nursery/school/Head Start, etc.																																																																																																																								
Full time months child care center/nursery/school/etc.																																																																																																																								
Months with babysitter																																																																																																																								
Months with full time babysitter																																																																																																																								

**HOME ENVIRONMENT AND
PARENTING PRACTICES**

FROM EARLY CHILDHOOD LONGITUDINAL STUDY-DRAFT PARENT SURVEY

Family Routines Questionnaire

Question Text: I'm going to read some statements about things that may occur in your family.

Number of Days Per Week

In a typical week, please tell me the
number of days

a. At least some of the family eats
breakfast together

b. ^CHILD^ has breakfast at a regular
time

c. ^CHILD^ goes to bed at a regular
time

d. Your family eats the evening meal
together

e. The evening meal is served at a
regular time

INTERVIEWER: If respondent asks what "regular" means for any of these, say that it means
"generally around the same time."

FROM JOBS CHILD OUTCOMES STUDY

C. Aggravation/Stress in Parenting

1. "Being a parent is harder than I though it would be."
0 = not at all true...10 = completely true
2. "There are some things that my child does that really bother me a lot."
0 = not at all true...10 = completely true
3. "I find myself giving up more of my life to meet my child's needs than I ever expected."
0 = not at all true...10 = completely true
4. I feel trapped by my responsibilities as a parent."
0 = not at all true...10 = completely true
5. "I often feel angry with my child(ren)."
0 = not at all true...10 = completely true

OPTIONAL

DECK 04

SECTION 1: THE HOME

PART C: FOR CHILDREN WHO ARE AT LEAST 6 YEARS, BUT LESS THAN 10 YEARS OLD

For _____ who has had his/her 6th birthday but has not had his/her
CHILD'S NAME 10th birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. About how many books does your child have?

(Circle one)

None	1	= 0
1 or 2	2	= 0
3 to 9	3	= 0
10 or more	4	= 1

27-28/

2. About how often do you read stories to your child?

(Circle one)

Never	01	= 0
Several times a year	02	= 0
Several times a month	03	= 0
About once a week	04	= 0
At least 3 times a week	05	= 1
Every day	06	= 1

29-30/

If at least 3 of the 4 items (a thru d) are > 1 then $Q3 = 1$
 Else 03 (recode) = 0

DECK 04

3. How often is your child expected to do each of the following?
 (CIRCLE ONE NUMBER FOR EACH QUESTION)

		Almost Never	Less than $\frac{1}{2}$ the time	$\frac{1}{2}$ the time	More than $\frac{1}{2}$ the time	Almost Always
a.	Make his/her own bed?	1	2	3	4	5 31-32/
b.	Clean his/her own room?	1	2	3	4	5 33-34/
c.	Clean up after spills?	1	2	3	4	5 35-36/
d.	Bathe himself/ herself?	1	2	3	4	5 37-38/
e.	Pick up after himself/ herself?	1	2	3	4	5 39-40/
		Almost Never	Less than $\frac{1}{2}$ the time	$\frac{1}{2}$ the time	More than $\frac{1}{2}$ the time	Almost Always

If $Q3e \geq 2$ then $Q3e$ (recode) = 1

If $Q3e = 1$ then $Q3e$ (recode) = 0

4. Is there a musical instrument (for example, piano, drum, guitar, etc.) That your child can use her at home?

Yes 1 = 1
 No 0 = 0 41-42/

5. Does your family get a daily newspaper?

Yes 1 = 1
 No 0 = 0 43-44/

6. About how often does your child read for enjoyment?

(Circle one)

Every day 1 = 1
Several times a week 2 = 1
Several times a month 3 = 1
Several times a year 4 = 0
Never 5 = 0

45-46/

7. Does your family encourage your child to start and keep doing hobbies?

Yes 1 = 1
No 0 = 0

47-48/

8. Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

Yes 1 = 1
No 0 = 0

49-50/

9. How often has any family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) within the past year?

(Circle one)

Never 1 = 0
Once or twice 2 = 1
Several times 3 = 1
About once a month 4 = 0
About once a week or more often 5 = 0

51-52/

10. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance within the past year?

(Circle one)

Never 1 = 0
Once or twice 2 = 1
Several times 3 = 1
About once a month 4 = 1
About once a week or more 5 = 1

53-54/

11. About how often does your whole family get together with relatives or friends?

(Circle one)

Once a year or less 1 = 0
A few times a year 2 = 0
About once a month 3 = 0
Two or three times a month 4 = 1
About once a week or more 5 = 1

55-56/

12. Think for a moment about a typical weekday for your family. How much time would you say your child spends watching television on a typical weekday?

(WRITE IN HOURS PER WEEKDAY.)

57-58/

Less than 1 hour per weekday 00
Do not have a TV 95

13. Now, think for a moment about a typical weekend day for your family. How much time would you say your child spends watching television on a typical weekend day?

(WRITE IN HOURS PER WEEKEND DAY.)

59-60/

Less than 1 hour per weekend day 00
Do not have a TV 95

14. Does your child ever see his or her father, step father, or father-figure?

Yes 1
No 0

61-62/

15. Is this person his/her biological father, step father, or a father-figure?

(Circle one)

Biological father 1
Step father 2
Father-figure 3
No father, step father, or father-figure 4

53-54/

16. What is his relationship to you?

(Circle one)

Your spouse 01
Your ex-spouse 02
Your partner 03
Your friend 04
Your father 05
Your grandfather 06
Your brother 07
Your uncle 08
Other (please write who) 09
No father, step father, or father-figure ... 10

65-66/

17. About how often does your child spend time with his/her father, step father, or father-figure?

(Circle one)

Once a day or more often 01 = 1
At least 4 times a week 02 = 1
About once a week 03 = 0
About once a month 04 = 0
A few times a year or less 05 = 0
Never 06 = 0
No father, step father, or father-figure ... 07 = 0

67-68/

18. About how often does your child spend time with his/her father, step-father, or father-figure in outdoor activities?

(Circle one)

Once a day or more often	01	=	1	
At least 4 times a week	02	=	1	
About once a week	03	=	1	
About once a month	04	=	0	
A few times a year or less	05	=	0	
Never	06	=	0	
No father, step father, or father-figure ...	07	=	0	
Don't know	98	=	0	11-12/

19. How often does your child eat a meal with both mother and father (step father or father-figure)?

(Circle one)

More than once a day	01	=	1	
Once a day	02	=	1	
Several times a week	03	=	0	
About once a week	04	=	0	
About once a month	05	=	0	
Never	06	=	0	
No father, step father, or father-figure ...	07	=	0	13-14/

20. When your family watches TV together, do you or your child's father (or step father or father-figure) discuss TV programs with him/her?

Yes	1	=	1	
No	0	=	0	
Do not have a TV	2	=	-4	15-16/

21. Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. Please check which actions you would take if this happened.

If Q21b = 02 then Q21 (recode) = 0 else Q21 (recode) = 1

(Circle one)

- | | | |
|--|-----|--------|
| a. Grounding | 01 | 17-18/ |
| b. Spanking | 02 | 19-20/ |
| c. Talk with child | 03 | 21-22/ |
| d. Give him or her household chore | 04 | 23-24/ |
| e. Ignore it | 05 | 25-26/ |
| f. Send to room for more than 1 hour ... | 06 | 27-28/ |
| g. Take away his/her allowance | 07 | 29-30/ |
| h. Take away TV or other privileges | 08 | 31-32/ |
| i. Other (Please write what else) | | |
| _____ | .09 | 33-34/ |

22. Is purposely missing.

23. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.

- a. How many times in the past week have you had to spank (CHILD)?

_____ number of times

- *b. How many times in the past week have you had to scold, yell at, or threaten (him/her)?

_____ number of times

- *24. Different children need different amounts of supervision. Please tell me how often you know things like the following.
- a. How often do you know who (CHILD) is with when (he/she) is away from home (and not in school)?
 - b. How often do you know where (CHILD) is when (he/she) is away from home (and not in school)?
 - c. How often do you know if child arrived back home when (he/she) was supposed to?
- 1 Almost never
 - 2 Sometimes
 - 3 Often
 - 4 Almost Always
 - 5 Always

*NOTE: 23b and 24 are recommended additions to the HOME based on analyses done on a project funded by the National Institute for Child Health and Human Development examining Survey Measures of the Mother-Child Relationship.

BEST COPY AVAILABLE

Interviewer Ratings:

For in-home surveys where the child will not be present in the home during the interview, we recommend including the interviewer ratings that are concerned with the physical environment (see shaded items on attached pages).

NLSY HOME-INTERVIEWER RATINGS

PART B: CHILD 3 YRS - 5 YRS, 11 MOS

1. Did you observe this child and mother together at any time?

Yes 1 35-36/
 No 0 Skip to Q8

	Yes	No	Not Observed	
2. (Mother/Guardian) conversed with child at least twice (excluding scolding or suspicious comments).	1	0	2	37-38/
3. (Mother/Guardian) answered child's questions or requests verbally.	1	0	2	39-40/
4. (Mother/Guardian) caressed, kissed, or hugged child at least once.	1	0	2	41-42/
5. (Mother/Guardian) introduced interviewer to child by name.	1	0	2	43-44/
Recode 1 to 0 and 0 to 1				
6. (Mother/Guardian) physically restricted or (Shook/grabbed) child.	1	0	2	45-46/
Recode 1 to 0 and 0 to 1				
7. (Mother/Guardian) slapped or spanked child at least once.	1	0	2	47-48/
8. (Mother/Guardian)'s voice conveyed positive feeling about this child.	1	0	2	49-50/
9. Child's play environment is safe (no potentially dangerous structural or health hazards within a preschooler's range).	1	0	2	51-52/
If child not available				
Recode 1 to 0 and 0 to 1				
10. Interior of the home is dark or perceptually monotonous.	1	0	2	53-54/
If child not available				

BEST COPY AVAILABLE

11. All visible rooms of house/apartment are reasonably clean.

1 0 2 55-56/

If child not available

12. All visible rooms of house/apartment are minimally cluttered.

1 0 2 57-58/

If child not available

INTERVIEWER: SKIP TO CS-83.

Note: "2" recoded to -4

TIME
ENDED: — — — — — AM
 — — — — — PM

HR
59-60/

MIN
61-62/

63-64/

BEST COPY AVAILABLE

NLSY HOME-INTERVIEWER RATINGS

PART C: CHILD 6 YRS AND OLDER

1. Did you observe this child and mother together at any time?

Yes 1 11-12/
No 0 Skip to Q6

	Yes	No	Not Observed	
2. (Mother/Guardian) encouraged child to contribute to the conversation.	1	0	2	13-14/
3. (Mother/Guardian) answered child's questions or requests verbally.	1	0	2	15-16/
4. (Mother/Guardian) conversed with child excluding scolding or suspicious comments.	1	0	2	17-18/
5. (Mother/Guardian) introduced interviewer to child by name.	1	0	2	19-20/
6. (Mother/Guardian)'s voice conveyed positive feeling about child.	1	0	2	21-22/
Recode 1 to 0 and 0 to 1				
7. Interior of the home is dark or perceptually monotonous.	1	0	2	23-24/
If child not available				
8. All visible rooms of house/apartment are reasonably clean.	1	0	2	25-26/
If child not available				
9. All visible rooms of house/apartment are minimally cluttered.	1	0	2	27-28/
If child not available				

10. Building has no potentially dangerous structural or health hazards within a school-aged child's range.

1 0 2 29-30/

(E.G. falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames and heat, frayed electrical wires)

If child not available

TIME
ENDED: — — — — — AM
 — — — — — PM
 HR MIN
 31-32/ 33-34/

35-36/

INTERVIEWER: GO TO CS-83.

Note: "2" recoded to "-4"

PARENTAL MONITORING SCALE (OPTIONAL)
FROM: NICHD Methods Project

SECTION J

(HAND R CARD 8)						
1. Now we will be using Card #8 again. Different children need different amounts of supervision. Please tell me how often you know things like the following.						
How often do you know:	Almost Never	Sometimes	Often	Almost Always	Always	N/A
a. How often do you know who (CHILD) is with when (he/she) is away from home (and not in school)? Is it almost never, sometimes, often, almost always, or always?	A	B	C	D	E	6
b. How often do you know when to expect (CHILD) home when (he/she) is away from home (and not in school)?	A	B	C	D	E	6
c. Where (CHILD) is when (he/she) is away from home (and not in school)?	A	B	C	D	E	6
d. If (he/she) arrived back home when (he/she) was supposed to?	A	B	C	D	E	6
e. How often do you know how much TV (he/she) watches?	A	B	C	D	E	6
f. Which TV programs (he/she) watches?	A	B	C	D	E	6

OPTIONAL

(From JOBS 5-Year Survey):

Interviewer Ratings of Neighborhood

1. Within one or two blocks of R's home, were there any of the following things?

	YES	NO	NEVER WITHIN 1-2 BLOCKS
a. Teenagers hanging out on the street?			
b. Vacant lots?			
c. Litter and garbage on the street or sidewalk?			
d. Abandoned or boarded up houses or buildings?			
e. Vandalism such as broken windows or graffiti?			
f. Foliage/landscaping (trees, grass, plantings?)			

EDUCATION

141

Education

1. Engagement in School (ages 6-12)

A short four-item parent report engagement scale has recently been developed by James Connell and Lisa Bridges from the Institute for Research and Reform in Education for use in the Urban Institute/Child Trends' National Survey of America's Families.

For each of the following statements, please tell me if you think it is not true, sometimes true, or often true. Would you say (child)...

1. Cares about doing well in school?
2. Only works on schoolwork when forced to?
3. Does just enough schoolwork to get by?
4. Always does homework?

2. School Attendance (all child module)

(From PROSPECTS SURVEY. See attached questions)

29. How many days of school did your child miss during the past four weeks?
(Mark only one answer)

None ☐ → Skip to Question 31
 1 or 2 days ☐ → Answer Question 30
 3 or 4 days ☐ → Answer Question 30
 5 to 10 days ☐ → Answer Question 30
 More than 10 days ☐ → Answer Question 30
 Don't know ☐ → Skip to Question 31

30. For each reason listed below, please mark the oval and write in the number of days your child was absent over the past four weeks. If your child was not absent for one of the listed reasons, please write in "none" or "0."

		<u>Number of days absent</u>	
a. Child was sick.....	☐		FOR OFFICE USE ONLY (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
b. Other family member was sick.....	☐		
c. Child had to take care of other children in the family.....	☐		
d. Family emergency.....	☐		
e. Doctor's/dentist appointment.....	☐		
f. Other appointment.....	☐		
g. Family trip or vacation.....	☐		
h. Other reason:.....	☐		
Specify: _____			

31. How many times was your child late for school during the past four weeks?
(Mark only one answer)

None ☐ → Skip to Question 33
 1 or 2 days ☐ → Answer Question 32
 3 or 4 days ☐ → Answer Question 32
 5 to 10 days ☐ → Answer Question 32
 More than 10 days ☐ → Answer Question 32
 Don't know ☐ → Skip to Question 33

OPTIONAL

32. For each reason listed below, please mark the oval and write in the number of days your child was absent over the past four weeks. If your child was not absent for one of the listed reasons, please write in "none" or "0."

		<u>Number of days late for school</u>	
a. Child was sick.....	☐		FOR OFFICE USE ONLY (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9) (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
b. Other family member was sick.....	☐		
c. Child overslept.....	☐		
d. Child had to take care of other children in the family.....	☐		
e. Family emergency.....	☐		
f. Doctor's/dentist appointment.....	☐		
g. Other appointment.....	☐		
h. Child missed school bus.....	☐		
i. Other transportation problem.....	☐		

j. Other reason:.....

○

Specify: _____

☐ ☐

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

3. School Performance (all child module)

Questions on grade repetition:

These items from the National Household Education Survey 1996 could be used to address grade repetition:

- a. Since starting kindergarten, had (child)(any of your children) repeated any grades?
-yes
-no
- b. Which child?
- c. What grade or grades did (he/she) repeat?
(list grades)

4. Suspended/expelled (all child module)

(From the National Survey of America's Families:)

- a. During this school year, has your child (any of your children) been suspended or expelled from school? (This includes both in-school and out-of-school suspensions).
-yes
-no
- b. Which child?

5. Grades (ages 6-12)

From New Hope:

Based on your knowledge of (child's) schoolwork, including (his/her) report cards, how has (he/she) been doing in school overall? Would you say....

- Very well,
- Well,
- Average,
- Below average, or
- Not well at all?

OPTIONAL FOR "ALL CHILD" MODULE

From JOBS 5-Year Survey:

1. (Has this child/have any of these children) ever dropped out of school?
 1. YES → Which child was that? Who else?
 2. NO → Skip
2. (For each child marked yes in 1: Did (child's name) return to school after dropping out?

HEALTH AND SAFETY

FOOD SECURITY MODULE, USDA

Enclosure B -- Minimal Item Set for Benchmarking to Standard National Measure

[IF SINGLE ADULT IN HOUSEHOLD, USE "I," "my," AND "you" IN PARENTHETICALS; OTHERWISE, USE "we," "our," "your household," "you or the other members of your hh."]

Q55. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/you or the other members of your hh) in the last 12 months. The first statement is: "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DK or Refused

Q58. "(I/we) relied on only a few kinds of low-cost food to feed the children because (I was/ we were) running out of money to buy food." was that often, sometimes, or never true for you in the last 12 months?

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DK or Refused

Q24. In the last 12 months, since (current month) of last year, did (you /you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No (SKIP TO 28)
- ☐ DK or Refused (SKIP TO 28)

Q25. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ DK or Refused

Q28. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ DK or Refused

Q40. [IF SINGLE CHILD IN THE HOUSEHOLD, FILL PARENTHESES WITH "your child;" IF TWO OR MORE, FILL WITH "any of the children."]
In the last 12 months, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

☐ Yes

☐ No

☐ DK or Refused

100

Rating of Child's Health

Would you describe (CHILD'S NAME)'s health now as excellent, very good, good, fair, or poor?

Regular Source of Care

Is there a particular place, such as a hospital, doctor's office, clinic, or health center that (CHILD'S NAME) usually goes to for medical care?

Yes

No

The above question is from the *JOBS Descriptive Study Survey*

During the past 12 months, did (CHILD'S NAME) see a doctor, nurse practitioner, or physician assistant for well-child care, such as a check-up?

Yes

No

The above question is from the *National Survey of America's Families*

Teen Childbearing

1. (Has your child/Have any of your children) had a baby?

1 YES

2 NO→ Skip the rest of the questions

2. Which child was that?

3. How old was (READ CHILD'S NAME IF AVAILABLE) when he or she had his or her first baby?

The above version is from the *JOBS 5 Year Survey*

Accidents and Injuries

(From *JOBS 5-Year Survey*)

Since (focal date), (has your child/have any of your children) had an accident, injury, or poisoning requiring a visit to a hospital emergency room or clinic?

1 YES→ Which child was that? Who else?

2 NO

3 DON'T KNOW

**SOCIAL AND
EMOTIONAL ADJUSTMENT**

152

Section O. BEHAVIOR PROBLEMS INDEX

Section O. BEHAVIOR PROBLEMS INDEX			
CHECK ITEM 01 ► Refer to age of sample child.	1 ☐ Under 4 years old (<i>Section P, page 34</i>) 2 ☐ 4+ years old (<i>INTRO</i>)		
Hand card B INTRO - Now I am going to read some statements that describe behavior problems many children have. Please tell me whether each statement has been OFTEN true, SOMETIMES true, or NOT true of -- during the past 3 months. The first statement is: "Has sudden changes in mood or feelings." Has that been OFTEN true, SOMETIMES true, or NOT true of -- in the past 3 months?	Shaded items represent 2 subscales: Antisocial Behavior and Depressed/Withdrawn. For shorter surveys, we suggest using these 2 subscales.		
	Often true (A)	Sometimes (B)	Not true (C)
1. Has sudden changes in mood or feelings	1 ☐	2 ☐	3 ☐
2. Feels or complains that no one loves --.	1 ☐	2 ☐	3 ☐
3. Is rather high strung, tense, or nervous	1 ☐	2 ☐	3 ☐
4. Cheats or tells lies	1 ☐	2 ☐	3 ☐
5. Is too fearful or anxious.	1 ☐	2 ☐	3 ☐
6. Argues too much.	1 ☐	2 ☐	3 ☐
7. Has difficulty concentrating, cannot pay attention for long.	1 ☐	2 ☐	3 ☐
8. Is easily confused, seems to be in a fog.	1 ☐	2 ☐	3 ☐
9. Bullies, or is cruel or mean to others.	1 ☐	2 ☐	3 ☐
10. Is disobedient at home.	1 ☐	2 ☐	3 ☐
11. Is disobedient at school	1 ☐	2 ☐	3 ☐
12. Does not seem to feel sorry after -- misbehaves.	1 ☐	2 ☐	3 ☐
13. Has trouble getting along with other children.	1 ☐	2 ☐	3 ☐
14. Has trouble getting along with teachers.	1 ☐	2 ☐	3 ☐
15. Is impulsive, or acts without thinking.	1 ☐	2 ☐	3 ☐
16. Feels worthless or inferior.	1 ☐	2 ☐	3 ☐

The first statement is: "Has sudden changes in mood or feelings." Has that been OFTEN true, SOMETIMES true, or NOT true of - - in the past 3 months?	Often true (A)	Sometimes (B)	Not true (C)
17. Is not liked by other children.	1 ☐	2 ☐	3 ☐
18. Has a lot of difficulty getting -- mind off certain thoughts, has obsessions.	1 ☐	2 ☐	3 ☐
19. Is restless or overly active, cannot sit still.	1 ☐	2 ☐	3 ☐
20. Is stubborn, sullen, or irritable	1 ☐	2 ☐	3 ☐
21. Has a very strong temper and lose it easily.	1 ☐	2 ☐	3 ☐
22. Is unhappy, sad or depressed.	1 ☐	2 ☐	3 ☐
23. Is withdrawn, does not get involved with others.	1 ☐	2 ☐	3 ☐
If child is 12+ years old, go to 29. 24. Breaks things on purpose, deliberately destroys -- own or others' things	1 ☐	2 ☐	3 ☐
25. Clings to adults.	1 ☐	2 ☐	3 ☐
26. Cries to much.	1 ☐	2 ☐	3 ☐
27. Demands a lot of attention.	1 ☐	2 ☐	3 ☐
28. Is too dependent on others.	1 ☐	2 ☐	3 ☐
If child is under 12 years old, go to Section P, page 34. 29. Feels others are out to get --.	1 ☐	2 ☐	3 ☐
30. Hangs around with kids who get into trouble.	1 ☐	2 ☐	3 ☐
31. Is secretive, keeps things to (himself/herself).	1 ☐	2 ☐	3 ☐
32. Worries too much.	1 ☐	2 ☐	3 ☐
FOOTNOTES			

BEST COPY AVAILABLE

POSITIVE BEHAVIORS SCALE:

185. Different children have different personalities and different good qualities. Please read the statements below and circle a number to show how much each statement describes your child. Circle a number between 0 and 10, where 0 means "not at all like my child" and 10 means "totally like my child." You may use any number to show how much like your child each description is.

My child:		NOT AT ALL LIKE MY CHILD					TOTALLY LIKE MY CHILD					
PBS1	a. Is cheerful, happy. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS2	b. Waits his or her turn in games or other activities. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS3	c. Is warm, loving. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS4	d. Is curious and exploring, likes new experiences. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS5	e. Thinks before he or she acts, is not impulsive. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS6	f. Gets along well with other children. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS7	g. Usually does what I tell him or her to do. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS8	h. Can get over being upset quickly. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS9	i. Is admired and well-liked by other children. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS10	j. Tries to do things for himself or herself, is self-reliant. (AUT)	0	1	2	3	4	5	6	7	8	9	10
PBS11	k. Shows concern for other people's feelings. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS12	l. Can easily find something to do on his or her own. (AUT)	0	1	2	3	4	5	6	7	8	9	10
PBS13	m. Shows pride when he or she does something well or learns something new. (AUT)	0	1	2	3	4	5	6	7	8	9	10
PBS14	n. Is easily comforted when he or she gets angry. (SOC)	0	1	2	3	4	5	6	7	8	9	10
PBS15	o. Is able to concentrate or focus on an activity. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS16	p. Is helpful and cooperative (SOC)	0	1	2	3	4	5	6	7	8	9	10

My child:		NOT AT ALL LIKE MY CHILD					TOTALLY LIKE MY CHILD					
PBS17	q. Is considerate and thoughtful (SOC) of other children.	0	1	2	3	4	5	6	7	8	9	10
PBS18	r. Trends to give, lend, and (SOC) share	0	1	2	3	4	5	6	7	8	9	10
PBS19	s. Is obedient, follows rules. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS20	t. Is calm, easy-going. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS21	u. Sticks with an activity until (COM) it is finished	0	1	2	3	4	5	6	7	8	9	10
PBS22	v. Is eager to please. (COM)	0	1	2	3	4	5	6	7	8	9	10
PBS23	w. Is patient if I am busy and (COM) he or she wants something	0	1	2	3	4	5	6	7	8	9	10
PBS24	x. Sticks up for himself or (AUT) herself, is self-assertive.	0	1	2	3	4	5	6	7	8	9	10
PBS25	y. Tries to be independent, to (AUT) do things himself or herself.	0	1	2	3	4	5	6	7	8	9	10

(CONTINUED ON THE NEXT PAGE)

3. Positive Behaviors/Social Competence Scale (ages 5-12)

Here are some statements which may or may not describe your child. As you read each statement, decide whether it is not true, sometimes true, or often true of your child over the last three months. Then circle the number that goes with the answer you choose.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished answering the questions.

My child:	NOT TRUE	SOMETIMES TRUE	OFTEN TRUE
a. Is warm, loving.	1	2	3
b. Get along well with other children.	1	2	3
c. Is admired and well-liked by other children.	1	2	3
d. Shows concern for other people's feelings.	1	2	3
e. Is helpful and cooperative.	1	2	3
f. Is considerate and thoughtful of other children.	1	2	3
g. Tends to give, lend, and share.	1	2	3